

Ronald G. Rios
Freeholder Director

Charles E. Tomaro
Deputy Director

Kenneth Armwood
Charles Kenny
Leslie Koppel
Shanti Narra
Blanquita B. Valenti
Freeholders



COUNTY ADMINISTRATION

Office of County Counsel

Charles E. Tomaro
Chairperson, County Administration

John A. Pulomena
County Administrator

Thomas F. Kelso, Esq.
County Counsel

September 26, 2018

VIA CERTIFIED U.S. MAIL

L. Frank Coan, Jr., Asst. U.S. Attorney
110 North College St., Ste. #700
Tyler, Texas 75702

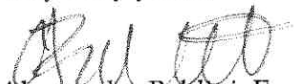
RE: Grand Jury Subpoena 18-0010-05

Mr. Coan:

Enclosed please find certified copies of the documents requested in the grand jury subpoena served on the Middlesex County Adjuster.

If you require additional information, please do not hesitate to contact me.

Very truly yours,


Alessandra Baldini, Esq.
Deputy County Counsel

cc: Sandra Coleman, County Adjuster

75 Bayard Street, New Brunswick, NJ 08901
Phone: 732-745-3228 | Fax: 732-745-4539
www.middlesexcountynj.gov



U.S. v. Yoo
6:18CR16
Government's Exhibit
9

009001

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF TEXAS
TYLER DIVISION

IN RE:	§	
	§	
	§	CERTIFICATION OF RECORDS
GRAND JURY SUBPOENA NO.	§	MIDDLESEX COUNTY, NEW JERSEY
18-0010-05	§	ADJUSTER SANDRA COLEMAN
	§	

Custodian's Certification of Records
Pursuant to Federal Rules of Evidence 803(6) and 902(11)

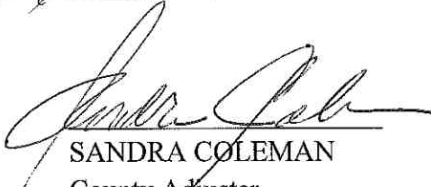
1. I, Sandra Coleman, serve as the Adjuster for Middlesex County, New Jersey.
2. I have held this position for thirty-two (32) years. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts stated herein:
3. I received a subpoena issued by the Assistant United States Attorney, L. Frank Coan, on or about April 13, 2018 requesting "mental health/mental adjudication records" pertaining to "H.J.Y." date of birth XX-XX-XXXX and social security number XX-XXX-5475 relating to this individual's "mental health status or history forwarded to the FBI NICS branch on or about April 19, 2013 and September 25, 2015."
4. I informed Mr. Coan, through counsel, that the requested commitment orders could not be produced without a court order.
5. I received an Order to Compel Production dated September 19, 2018 commanding me to comply fully with the previously received subpoena.
6. I am a custodian of records for the requested documents. I hereby certify that on September 21, 2018, I examined the file pertaining to the requested documents and the

attached 72 pages of documents are true, complete, and unaltered photocopies of the original documents contained in the file.

7. As custodian of records for the requested documents, I do hereby certify that the records referenced above and attached hereto (1) were made at or near the time of the events or conditions recorded therein (2) by, or from information transmitted by, a person with knowledge of the matters recorded therein; (3) were kept in the course of the regularly conducted business activity of Middlesex County; (4) it was the regular practice of the business activity to keep such records; and, (5) the records attached are the originals or duplicates of the originals.

I declare under penalty of perjury, as provided in 28 U.S.C. § 1746, that the foregoing is true and correct.

Executed on this the 26th day of September, 2018.


SANDRA COLEMAN
County Adjuster
Middlesex County



Belle Mead, NJ 08502
908-281-1000

✓

April 22, 2013

Middlesex County Adjuster
POB 469
New Brunswick, NJ 08903

RECEIVED

CERTIFICATE OF DISCHARGE

RE: HEONJONJ YOO

ADJUSTERS OFFICE
MIDDLESEX COUNTY

The above named patient was discharged from this hospital on April 19, 2013.
We have removed this patient from our hospital census.

Please contact me at 908-281-1607 if you have any questions or require additional information.

Thank you.

Sincerely,

Joyce Springsteel
Court Clerk

>

TYPE OR PRINT CLEARLY

APPLICATION FOR INVOLUNTARY COMMITMENT

*(Pursuant to R. 4:74-7)

County of: Somerset

The Undersigned: Joyce Springsteel
Applicant

Hereby makes application:

I am requesting admission to/continuation of hospitalization because he/she is: in need of further inpatient psychiatric hospitalization. See the two attached clinical certificates in support of this Application.

Patient: Heonjonj Yoo

Date/Time of Admission: 4/5/13 2200

Date of Birth: 93

at: Unknown in the county of: Unknown

Highest Grade Completed: Unknown

Name of Father: Unknown

Place of Birth: Unknown

TYPE OR PRINT CLEARLY

Name, relationship, and address of the next-of-kin of said patient:

Soyoun Yoo mother [REDACTED] Closter, NJ 07624

Social Security #: [REDACTED] 5475 Does Patient have any benefits? Yes ☒ No

If "Yes" specify: United Student 4358159

Military Service: Unknown

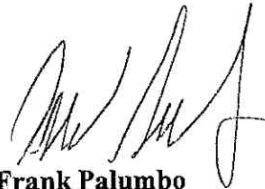
Dates of Service: Unknown

Name of Person Making Application	<u>Joyce Springsteel</u>
Relationship or Position	<u>Applicant</u>
Street Address	<u>Court Clerk</u>
Town or City	<u>POB 147</u>
County of	<u>Zip Code 08502</u>
Telephone Number	<u>State of New Jersey</u>
	<u>908-281-1000</u>

Date: 4/8/13

April 15, 2013

Spoke to Joyce Springsteel, of Carrier Clinic about the first two pages of the Screening document missing. She stated that she was aware of it and that they came over her fax as blank pages and left the discussion as that.



**Frank Palumbo
Keyboard Clerk 1
Middlesex County Adjusters Office**

I certify that the forgoing are two
copies of documents supporting the
admission of the with...-named patient
to this Hospital on 4/15/13
(date)

11. "Telepsychiatry option" - psychiatric evaluation which is accomplished through technologically assisted means if the screening service has been granted a waiver by the Division of Mental Health and Addiction Services in accordance with N.J.A.C. 10:31-11 to utilize telepsychiatric evaluations. See also, N.J.A.C. 10:31-2.3(f)(2). ~~Signature of Designated Clerk~~
12. "Least restrictive environment" means the available setting and forms of treatment that appropriate address a person's need for care and the need to respond to dangers to the person, others or property and respect, to the greatest extent practicable, the person's interests in freedom of movement and self-direction. (N.J.S.A. 30: 4-27.2gg)
13. "Consensual" means the type of admission applicable to a person who understands and agrees to be admitted to a short-term care facility (STCF) for stabilization and treatment (see N.J.A.C. 10:37G-1 et seq) but otherwise meets the standards for commitment in that she/he is dangerous to self, others or property by reason of mental illness.

This document is to be used only by a certified screener to document a person's eligibility for involuntary commitment to treatment, either inpatient or outpatient commitment, or consensual hospitalization.

II. FINDINGS

This document is being prepared as a:

- (☒) Screening document recommending inpatient treatment (Pursuant to N.J.S.A. 30: 4-27-1 et seq)
(☐) Screening document recommending outpatient treatment (Pursuant to N.J.S.A. 30: 4-27-1 et seq)
(☐) Consensual admission document (Pursuant to N.J.A.C. 10:37G-1 et seq)

Telepsychiatry will be used to complete the screening certificate ___ Yes ☒ No. (Pursuant to N.J.A.C. 10:31-2.3(f)(2). The telepsychiatry certifications are on form A attached.

Name of Client HEON TONG YOO

Date of Birth [REDACTED] 1993

Sex: ☒ M ☐ F

English language abilities:

A. Speaks English: ☒ Yes ☐ No

B. If not English, what is the person's Native Language? Korean

Native Language Abilities (circle for yes)

Speaks ☒

Reads ☒

Writes ☒

C. Did you interview this person in English? ☒ Yes ☐ No

If yes, was an interpreter present? ☐ Yes ☒ No

If yes, name and title: _____

- D. ☒ The patient does not have a psychiatric advance directive (PAD)
☐ The patient has a PAD which is appended hereto.
☐ The PAD names _____ to act as a Mental Health Care Representative
☐ The PAD does not name a Mental Health Care Representative.
☐ The patient claims to have a Psychiatric Advance Directive but it has not, after a reasonable search, been found.

Reasons for Screening. Describe circumstances that led to the consumer being brought to the screening service. Describe symptoms and behaviors.

THE PATIENT WAS BROUGHT TO ER BY RUTGERS POLICE DUE TO PT REPORTING THREATENING TO SHOOT HIS RESIDENCE ADVISOR (PER RUTGERS RECORDS) DENIED BY PT, WHO STATED "A HOBBY OR AN ILLUSION" STAFF MEMBER @ RUTGERS MUST'VE CALLED POLICE & HEARING HIM TALK ABOUT WANTING TO GET A SHOTGUN & A SNIPER RIFLE IN DINING HALL. PT REPORTS HE HAS BEEN TAKEN TO ER BY POLICE 5X OVER THE PAST 7-YEARS UNDER SIMILAR CIRCUMSTANCES, HAS BEEN REMOVED FROM STUDENT HOUSING DUE TO REPORTED THREATENING BEHAVIOR TOWARDS HIS RESIDENCE ADVISOR & OTHER STUDENTS FEELING THEIR ATTACH extra sheets or relevant documents marked "II E." if more room is required for explanation.

E. Describe the person's mental illness (refer to the definition in N.J.S.A. 30:4-27.2r)

Description should state person's psychiatric diagnoses and mental health history, including his/her recent and past treatment history:

THE PT WAS DIAGNOSED E BIPOLAR DIS AGE 18 BY HIS REPORT & WAS BROUGHT HIM TO PSYCHIATRIST DUE TO HIS "LETTING HISSELF OFF ALL THE TIME" - HE WAS RX'D PARALOTER & RUPADOL BUT STOPPED MEDS IN JANUARY DUE TO WEIGHT GAIN. PT SLEEP - UPON INTERVIEW TODAY, PT IS IRRITABLE, EASILY AGITATED, FOCUSED ON BURNING HANDS, LOUD & PRESSURED @ TIMES. PARANOIA 3 TIMES -> DECISION WANTED & DELIBERATELY TRYING TO PROVOKE HIM & UPSET HIM BY ASKING ABOUT SYMPTOMS/HX. QUITE CONCRETE IN HIS THINKING, POOR INSIGHT, IMPAIRED IMPULSE CONTR. ATTACH extra sheets or relevant documents marked "II F." if more room is necessary for explanation. You may also attach copies of progress notes, records and other relevant documentation if it would be more efficient.

F. Is it likely that this disturbance is a result of simple alcohol intoxication, transitory reaction to drug ingestion, organic brain syndrome or developmental disability?

No ☒ Yes ☐

If yes, state cause and test results or symptoms supporting this conclusion: _____

Does the patient have a history of substance abuse?

No _____

Yes ☒

If yes, provide detail:

PT REPORTS ETH & MARIJUANA SOCIALLY - PA/F UAS
NEGATIVE

G. Patient is dangerous

____ Dangerous to self/suicidal

Describe the danger: Include history of recent and past attempts, whether there are current suicidal threats, plans or intent (quote statements made), availability and lethality of means, or recent actions and behaviors indicating serious psychiatric deterioration, that make it more likely than not that serious harm or death will result from this person's actions within the reasonably foreseeable future.

NO CURRENT INDICATION

____ Dangerous to self/not suicidal

Describe the danger. Include history, self-injury threats, plans or intent (quote statements made), or recent actions and behaviors, that would make it more likely than not that substantial bodily injury, serious physical debilitation, death or serious psychiatric deterioration will result within the reasonably foreseeable future. If indicated, also describe how person has behaved so as to indicate that he/she is unable to satisfy his need for nourishment, essential medical care or shelter.

NO CURRENT INDICATION

☒ Dangerous to others

Describe the danger: Include history, threats, plans or intent (quote statements made) to hurt others, availability and lethality of means, or recent actions, behaviors or serious psychiatric deterioration indicating a substantial likelihood that this individual will inflict serious bodily harm on another person within the reasonably foreseeable future. If known, identify intended victim(s).

PT'S INSIGHT, JUDGEMENT & IMPULSE CONTROL ARE IMPAIRING BY BIPOLAR DISORDER -
 REMOVED FROM STUDENT HOUSING DUE TO THREATENING BEHAVIOR TOWARDS R.A. & OTHER RESIDENTS -
 STATED NEWS IN SAN JOSE HAS BEEN TX TO ER VIA POLICE NOW FOR LOUDLY, ANGRY YELLING AND
 GETTING OWN AND STATED "RES. LIFE DOESN'T KNOW WHO THEY'RE MESSING WITH" DESPITE BEING
 DANGEROUS TO PROPERTY CONSEQUENCES: PT THROWN OUT OF RESIDENCE HALL, HAS TO MEET
 & RU THREAT ASSESSMENT TEAM, HAS TO MEET & RU CAPS THERAPIST TWICE WEEKLY - ALTHOUGH
 Describe the danger: Include history, threats, plans or intent (quote statements made), availability of means, person's recent actions or behavior, or serious psychiatric deterioration indicating a substantial likelihood that this individual will cause serious property damage within the reasonably foreseeable future. MISSING
 PT APPEARS UNABLE TO CONTROL BEHAVIOR WHICH IS REPEATEDLY LEADING
 TO THESE CONSEQUENCES - ALSO REITERATING PARANOID BELIEFS
 "I'VE TALKED TO MY THERAPIST TODAY - THOUGHT PROCESS IS QUITE GOOD
 AND RATIONAL. PT DOES NOT WANT TO BELIEVE HE HAS
 BIPOLAR DISORDER OR SEX & BODILY DISORDER"

TO BE COMPLETED WHEN RECOMMENDATION IS TO COMMIT PATIENT TO INPATIENT FACILITY:

The danger presented by this patient is imminent, or outpatient treatment is either unavailable or is not sufficient to render the patient unlikely to be dangerous in the reasonably foreseeable future, and my recommendation is commitment to the least restrictive available inpatient facility. Describe clinical basis for recommendation:

PT HAS REFUSED MEDICATIONS, IS IN CURRENT OUTPAT TREATMENT
 & RU CAPS PROGRAM TO LITTLE EFFECT ALSO MENTIONING & RU THREAT
 ASSESSMENT TEAM - SPENDING NO ADDITIONAL IMPROVEMENT IN SK
 AS EVIDENCED BY BEING BROUGHT TO ER 5X IN PAST 7 MRS FOR PERCEIVED
 TO BE COMPLETED WHEN COMMITMENT TO OUTPATIENT TREATMENT IS RECOMMENDED: THREATENING
 BEHAVIOR BY PT'S SON

(Patient has been or will be referred for admission to a functioning outpatient program in this county which has availability).

The danger that is presented by the patient's condition, while reasonably foreseeable, is not at this time imminent, and outpatient treatment is sufficient to render the patient unlikely to be a danger in the reasonably foreseeable future, and my recommendation is commitment to an available outpatient program provided by: (List provider).

Detail patients past history of responding to treatment. What treatment modalities were successfully utilized in stabilization and managing safe behavior in the community?

Attach notes or extra sheets marked "IOC recommendation" as needed for full explanation.

I have contacted the designated outpatient provider ____Yes ____No

OUTPATIENT COMMITMENT TREATMENT PLAN

The following are essential elements of any treatment plan implemented for this patient by an outpatient treatment provider:

- () Medication monitoring @ _____
- () Group therapies _____
- () Individual therapy@ _____
- () Case management _____
- () Residential supervision _____
(describe intensity of supervision required) _____
- () other services and programs required to maintain or lessen current level of dangerousness
- () PACT _____

H. Identify interventions or services which have been attempted to stabilize the person and avert the need for involuntary or consensual admission. Identify whether commitment to outpatient treatment is an appropriate option for treatment. Check at least one column for each alternative.

Type of intervention	Appropriate	Not appropriate	Available	Not available
Existing support System		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Referral & Linkage to Community Services		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Crisis Intervention Counseling		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Outpatient Services Medication Monitoring		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Acute Partial Care		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
PACT		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
ICMS		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Extended Crisis Evaluation Bed with Medication Monitoring		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Voluntary Admission to Non-STCF Inpatient Unit		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Crisis Housing		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Referral to other non-mental health 24 hour facility		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other (describe) _____ _____ _____				

If involuntary or consensual hospitalization is recommended, briefly explain why no less restrictive intervention/service was appropriate and available and describe why the individual's current mental health condition renders him immediately or imminently dangerous such that commitment to outpatient treatment is deemed inadequate to render the person unlikely to be dangerous to self, others or property within the reasonably foreseeable future.

PT Refuses psychiatric admission He requires
to address his bipolar disorder resulting
in threatening behavior.

III. Certification

I am a NJ Certified Mental Health Screener and an employee of UMDNJ - Piscataway
I have interviewed HEUNGING YOO on this date and reviewed the available
clinical records. It is my opinion that at this time the named person shows evidence of mental
illness and because of that mental illness is:

☐ Dangerous to self

☒ Dangerous to others or property

(Fill out only one side below)

SCREENING DOCUMENT

Brian L. Henson
Signature of Screener

S-1267
Screener Number

11/5/13
Date

11:30 AM
Time

CONSENSUAL ADMISSION DOCUMENT

Signature of Screener

Screener Number

Date

Time

ORIGINAL

Type or Print Clearly
STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
Division of Mental Health and Addiction Services
CLINICAL / SCREENING CERTIFICATE FOR INVOLUNTARY COMMITMENT
OF MENTALLY ILL ADULTS

(Pursuant to N.J.S.A. 30:4-27.1, et seq. and N.J.R.Ct.4:74-7)

If additional space is needed to provide the information requested, additional documents may be attached to this form

I. Definitions and Legal Standards

New Jersey Court Rule 4:74-7(b) states in part that: "...the certificates shall state with particularity the facts upon which the psychiatrist, physician or mental health screener relies in concluding that (1) the patient is mentally ill, (2) that mental illness causes the patient to be dangerous to self or others or property as defined by N.J.S.A. 30:4-27.2h and .2i, (3) the patient is unwilling to accept appropriate treatment voluntarily after it has been offered, (4) the patient needs outpatient treatment or inpatient care at a short term care or psychiatric facility or special psychiatric hospital, and (5) other less restrictive alternative services are not appropriate or available to meet the person's mental health care needs."

Chapter 4 of Title 30 of the New Jersey Statutes states in part that:

1. "Clinical Certificate"... is completed by the psychiatrist or other physician who has examined the person who is subject to commitment within three days of presenting the person for involuntary commitment to treatment, and which states that the person is in need of involuntary commitment to treatment. The form shall also state the specific facts upon which the examining physician has based his conclusion and shall be certified in accordance with the Rules of the Court. (N.J.S.A. 30:4-27.2b)
2. "Screening Certificate"... means a clinical certificate executed by a psychiatrist or other physician affiliated with a screening service. (N.J.S.A. 30:4-27.2y)
3. "Physician" means a person who is licensed to practice medicine in any of the United States or its territories or the District of Columbia. (N.J.S.A. 30:4-27.2t)
4. "Psychiatrist" means a physician who has completed the training requirements of the American Board of Psychiatry and Neurology. (N.J.S.A. 30:4-27.2v)
5. "In need of involuntary commitment" or "in need of involuntary commitment to treatment" means that an adult with mental illness, whose mental illness causes the person to be dangerous to self or dangerous to others or property and who is unwilling to accept appropriate treatment voluntarily after it has been offered, needs outpatient treatment or inpatient care at a short-term care or psychiatric facility or special psychiatric hospital because other services are not appropriate or available to meet the person's mental health care needs. (N.J.S.A. 30:4-27.2m)
6. "Dangerous to self" means that by reason of mental illness the person has threatened or attempted suicide or serious bodily harm, or has behaved in such a manner as to indicate that the person is unable to satisfy his need for nourishment, essential medical care or shelter, so that it is probable that substantial bodily injury, serious physical debilitation or death will result within the reasonably foreseeable future; however, no person shall be deemed to be unable to satisfy his need for nourishment, essential medical care or shelter if he is able to satisfy such needs with the supervision and assistance of others who are willing and available. This determination shall take into account a person's history, recent behavior and any recent act, threat or serious psychiatric deterioration. (N.J.S.A. 30:4-27.2h)

7. "Dangerous to others or property" means that by reason of mental illness there is a substantial likelihood that the person will inflict serious bodily harm upon another person or cause serious property damage within the reasonably foreseeable future. This determination shall take into account a person's history, recent behavior and any recent act or threat. (N.J.S.A. 30:4-27.2i)
8. "Mental Illness" means a current, substantial disturbance of thought, mood, perception or orientation which significantly impairs judgment, capacity to control behavior or capacity to recognize reality but does not include simple alcohol intoxication, transitory reaction to drug ingestion, organic brain syndrome or developmental disability unless it results in the severity of impairment described herein. The term mental illness is not limited to "psychosis" or "active psychosis," but shall include all conditions that result in the severity of impairment described herein. (N.J.S.A. 30:4-27.2r)
9. "Outpatient treatment provider" means a community-based provider, designated as an outpatient treatment provider pursuant to section 8 of P.L.1987, c.116 (C.30:4-27.8), that provides or coordinates the provision of outpatient treatment to persons in need of involuntary commitment to treatment. (N.J.S.A. 30:4-27.2ii.)
10. "Plan of outpatient treatment" means a plan for recovery from mental illness approved by a court pursuant to section 17 of P.L.2009, c.112 (C.30:4-27.15a) that is to be carried out in an outpatient setting and is prepared by an outpatient treatment provider for a patient who has a history of responding to treatment. The plan may include medication as a component of the plan; however, medication shall not be involuntarily administered in an outpatient setting. (N.J.S.A. 30:4-27.2jj.)
11. "Reasonably foreseeable future" means a time frame that may be beyond the immediate or imminent, but not longer than a time frame as to which reasonably certain judgments about a person's likely behavior can be reached. (N.J.S.A. 30:4-27.2kk.)
12. "Any person who is a relative by blood or marriage of the person being screened who executes a clinical certificate, or any person who signs a clinical certificate for any purpose or motive other than for purposes of care and treatment, shall be guilty of a crime of the fourth degree." (N.J.S.A. 30:4-27.10e)

The statutes and Court Rule require each certifying psychiatrist or physician to determine whether the patient is in need of involuntary commitment to inpatient treatment or involuntary commitment to outpatient treatment (where available) by considering the screening document (in the case of a screening commitment) and conducting a face-to-face examination of the patient, either in person or, where permitted by the Division, through telepsychiatry.

II. Certification of examination and qualifications

I, Kenneth H. Kow, M.D. of 125 Katuson Rd
New Brunswick, Middlesex D.O. MA 287 Street Address
City or Town County State Medical License No. (Issuing State)
do hereby certify that I personally examined Alvin Long
(name of patient)

☒ I am a psychiatrist as defined on page 1 of this document.
☐ I am a physician as defined on page 1 of this document.

at HORTON-FL on 4/5/13 from 9:00 AM to 11:00 AM
(location) (date) (time of examination)

I am not a relative by blood or marriage of the subject of this certificate and my purpose or motive in executing this certificate is that care and treatment be afforded this individual.

If an interpreter assisted in this personal examination, the interpreter's name and title and the patient's primary language are as follows:

Name _____ title _____ language _____

**CERTIFICATIONS REQUIRED WHEN THE SCREENING IS CONDUCTED THROUGH
TELEPSYCHIATRY**

Please confirm by initialing before each statement that:

___ The consumer was afforded the opportunity to have an in-person interview unless waiting for a psychiatrist was clinically contraindicated; it is my opinion that the use of telepsychiatry was not clinically contraindicated because

(briefly explain)

___ I am on the staff of the screening service or ___ I am under contract with a provider of telepsychiatric services.) As the screening psychiatrist, I understand that I shall be considered an active part of the treatment team for the consumer and shall be available for discussion of the case with the facility staff, or for interviewing family members and others, as the case may require.

___ I hold a full, unrestricted medical license in New Jersey;

___ I am capable of performing all the duties that an on-site psychiatrist can perform, including prescribing medication, monitoring restraints and other related interventions that require a physician's orders or oversight;

___ I am available for discussion of the case with facility staff, or for interviewing family members and others, as the case may require.

And complete the following if it applies:

___ The consumer elected a face to face clinical evaluation, but the evaluation was performed by telepsychiatry as it was clinically inappropriate to wait under the circumstances

(briefly explain)

Check and complete one of the following options below. This document is being prepared as a:

1. ☒ Screening Certificate pursuant to N.J.S.A. 30:4-27.5b (must be a psychiatrist affiliated with a screening service unless the screening service's contract allows a physician to complete the certificate; see N.J.S.A. 30:4-27.5b) and
☒ I am a *psychiatrist* as defined on page 1 of this document.
☐ I am a *physician* as defined on page 1 of this document who may complete this certificate pursuant to a contract between the screening service and the Division of Mental Health and Addiction Services.
or
2. ☐ Clinical Certificate pursuant to N.J.S.A. 30:4-27.10 a (must be the treatment team *psychiatrist* of a patient at an inpatient facility or an outpatient treatment provider for whom a screening certificate has also been completed);
or
3. ☐ Clinical Certificate pursuant to N.J.S.A. 30:4-27.10b (regarding an individual who has not been screened at a screening service and whose commitment requires two clinical certificates, at least one of which must be completed by a psychiatrist).

III. Patient Identification and Information

1. Patient's identifying data:

Social Security No. 500 51 5475

Date of Birth: 8/28/93

Marital Status: S

Telephone # 715-387-6319

Address: 15 4th Street, New Beach, NJ

Patient's Driver's License No. _____

State of Issue: _____

Clinical Certificate Page 3

2481

Next of kin (for County Adjuster court hearing notification purpose only):

Soyoung Jung

Education (Highest Grade Completed):

13th

Employment or Occupation:

unemployed

- ☒ The patient does not have a Psychiatric Advance Directive (PAD)
☐ The patient has a PAD which is appended hereto.
☐ The PAD names _____ to act as a Mental Health Care Representative.
☐ The PAD does not name a Mental Health Care Representative.
☐ The patient claims to have a PAD but it has not, after a reasonable search, been found.

3. Facts, circumstances or reports related to this individual's present condition:

a. Medical Conditions:

None

Source(s) of the information:

patient

Treating Physician:

Dr. Vanden-Schueren

Medication:

Paxil VPA / Paxil / Paxil

b. Present psychiatric treatment, medication and any recent changes:

RII CHVS program

Source(s) of the information:

chart / patient

c. Recent stressors:

Patient's statement toward office & herself
unusually hostile

Source(s) of the information:

chart

d. Substance Abuse (type and treatment):

MS

Source(s) of the information:

patient

e. Prior psychiatric hospitalizations (types, numbers and dates, if known):

Denies

Source(s) of the information:

patient

Clinical Certificate Page 4

009018

f. Prior medical and psychiatric diagnoses:

Bipolar D/O

Source(s) of the information:

chart

g. Prior treatment by an outpatient provider pursuant to a commitment for outpatient treatment, if any, identifying dates of treatment, provider, any barriers to treatment, and significant outcomes:

N/A N/A

Source(s) of the information:

IV. Results and Conclusions of Personal Examination

1. Present Mental Status:
appearance and attire

hospital attire

attitude and behavior

irritable & agitated

affect and mood

irritable

association and thought processes

loose

thought content

pts paranoid delusions (he delusional)

perception

normal

sensorium, memory, and orientation

OK 30 chart self 3/3 ago, 5/5 ago, 0/3 now

intellectual functioning

adequate

insight and judgment

impaired

Clinical Certificate Page 5

2/ Description of physical findings (include physical status, vital signs, laboratory data):

See attached

Conclusions and Recommendations

1. Provisional Diagnoses from current Diagnostic and Statistical Manual:

Axis I: Bipolar NOS

Axis II: Schiz

Axis III: None

Axis IV: Severe

Axis V: 25

☒ I certify that the patient will be dangerous to ☒ self (complete item 2) ☒ others or property (complete item 3) in the foreseeable future because of a mental illness.

2. Dangerous to Self

(If you have concluded that this patient is "dangerous to self," answer the items in (a), (b), or (c) below that are relevant to the patient's condition, giving the sources of information by name and title or relationship to patient, or cite the document)

(a) ☒ N the patient has threatened or attempted to commit suicide (give details, including history, recent threats, dates and situations surrounding any attempts; was patient taking medication, under supervision of a community treatment program, in the hospital, was there a precipitating crisis):

Source of information:

(b) ☒ N the patient has threatened or attempted serious bodily harm to himself / herself;

Source of information:

(c) ☒ N the patient has behaved in the following manner which indicates that he or she is unable to satisfy his/ her need for ☒ nourishment ☒ essential medical care ☒ shelter:

No aptn abt to perc to typies

Clinical Certificate Page 6

_____ and _____
the patient is not able to satisfy the needs listed in (c) above with the supervision and assistance of others who are willing and available.

Source of information: _____

3. Dangerous to Others or Property

(If you have concluded that this patient is "dangerous to others or property," answer the items below, giving the sources of information by name and title or document.) State all facts, observations or information upon which you base your conclusion that the patient, if not committed, would be substantially likely to inflict serious bodily harm upon another person or cause serious property damage within the reasonably foreseeable future:

(a) history of dangerous behavior

Reputedly present for 14 months in prison
residing at 1000 1st St. SW

Source of information: _____

(b) recent behavior (state/date(s) of behavior)

Threatening to obtain a gun and kill RA
I would a gun and kill RA
Patient does not want to be committed
Source of information: _____

4. State alternatives to involuntary treatment that were considered and why other services are not appropriate or available to meet the patient's mental health care needs. Be specific, (if information contained in the screening document is relied on, please refer to specific item number in that document).

Patient needs high level of care

5. I am aware of the standard for involuntary commitment as defined in section I above. The following checked statements are true:

- ☒ I personally examined this patient
- ☒ This patient suffers from a mental illness as defined in section I of this form.
- ☒ This patient, if not committed, would be a danger to self or others or property by reason of such mental illness in the foreseeable future.
- ☒ This patient is unwilling to be admitted to the recommended treatment program or facility voluntarily for care. (except for consensual admissions to an STCP)

If the patient is to receive services in a county that has a functioning outpatient commitment program which has an opening, choose one of the two options (c) below:

() The danger, while reasonably foreseeable, is in my professional judgment not imminent, and outpatient treatment is sufficient to render the patient unlikely to be dangerous in the reasonably foreseeable future, and my recommendation is

Clinical Certificate Page 7

commitment to an available outpatient program provided by: NA () Complete section VII

~~X~~ The danger is in my professional judgment imminent, or outpatient treatment is either unavailable or is not sufficient to render the patient unlikely to be dangerous in the reasonably foreseeable future, and my recommendation is commitment to the least restrictive available inpatient facility.

If the patient is to receive services in a county that has not yet designated an outpatient commitment program, or if the program has no openings,

~~X~~ My recommendation is commitment to least restrictive available inpatient facility.

VI. Certification

I certify that the foregoing statements made by me are true.

I further certify that this patient is medically stable and is not in primary need of a medical or nursing home level of care at this time.

I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

4/18/13

Psychiatrist/Physician's Signature

[Signature]

VII. Outpatient Commitment Treatment Plan

The following are essential elements of any treatment plan implemented with this patient by an outpatient treatment provider:

- () medication monitoring @ _____
 () group therapies: _____

 () individual therapy @ _____
 () case management _____
 () residential supervision _____

(describe intensity of supervision required)

- () other services and programs required to maintain or lessen current level of dangerousness: _____

VIII. Change of location (complete this section if the program with responsibility for a patient's care is requesting that the court change the location of treatment).

The information requested below is intended to assist a judge reviewing a clinical certificate for such a patient regarding the issuance of a temporary court order. The individual completing this page may be either the psychiatrist / physician completing the certificate or a hospital / agency employee knowledgeable regarding these issues. Please complete this page to the fullest extent possible.

1. Status (check one)

- () Committed to Inpatient Treatment Involuntarily
 () Committed to Inpatient Treatment Voluntary
 () Conditional Extension Pending Placement
 () Committed to Outpatient Treatment
 () Conditionally Discharged
 (Some questions below may not apply)

2. The patient's current psychiatric hospital and unit or outpatient provider: _____

3. Judge who entered order now in effect and its date: The Hon. _____, 20____

4. a. The patient's attorney's name: _____
 b. Date and manner of notification to patient's attorney of this application: _____, 20____
 () email () telephone () certified mail () fax () personal

If the commitment will result in the transfer of this patient from one inpatient psychiatric unit or facility or program to another, check all that apply:

- () Patient has insufficient resources to remain in current inpatient unit.
 () Patient needs longer term inpatient treatment than present hospital offers.
 () Patient needs program available at receiving hospital or program and NOT available at current facility or through current program.
 () Patient requests transfer.
 () Patient's family requests transfer.
 () Patient is eligible for outpatient treatment services in a different county (_____ County) and change in placement will facilitate discharge planning
 () Other reason _____

Other information regarding patient's legal or hospitalization status: _____

_____, 20____
 Signature Name Printed Title Date

IX. Change of location or commitment status

Must be completed by treating psychiatrist.

The patient who is subject to the order supported by this certificate has become (less) (more) dangerous since the time of the initial commitment placement.

1. If requesting a change from outpatient to inpatient commitment, describe any that apply:
Behaviors that indicate increased risk of danger (attach incident or police reports as available)

Treatments attempted or ruled out

Connection of danger to mental illness

Consumer is not materially compliant with the treatment plan approved by the court and a modification of the treatment plan would be insufficient to reduce dangerousness. Explain, including any attempts to modify the plan or the patient's compliance:

I certify that dangerousness due to mental illness is both foreseeable and imminent or that outpatient treatment is no longer sufficient to render the patient unlikely to be dangerous in the reasonably foreseeable future:

Treating psychiatrist

Date

2. If requesting change from inpatient to outpatient, describe:
Behaviors that indicate decreased risk of danger (attach treatment notes as appropriate)

Treatment available at outpatient treatment program that program has agreed to provide:

I certify that the patient is still dangerous because of mental illness and unwilling to accept the recommended treatment, but the danger is no longer imminent, and/or the danger was never imminent but a program opening has developed that was not available at the time of the original commitment order, and that the outpatient treatment program has accepted the patient.

Treating psychiatrist

Date

Yoo, Hyeonj ACU
8/26/2013 Age: 19 4/5/2013
V001711553 M001081509
BNV0011711553

Type or Print Clearly
STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
Division of Mental Health and Addiction Services
CLINICAL / SCREENING CERTIFICATE FOR INVOLUNTARY COMMITMENT
OF MENTALLY ILL ADULTS
(Pursuant to N.J.S.A. 30:4-27.1, et seq. and N.J.R.Ct.4:74-7)

If additional space is needed to provide the information requested, additional documents may be attached to this form

I. Definitions and Legal Standards

New Jersey Court Rule 4:74-7(b) states in part that: "...the certificates shall state with particularity the facts upon which the psychiatrist, physician or mental health screener relies in concluding that (1) the patient is mentally ill, (2) that mental illness causes the patient to be dangerous to self or others or property as defined by N.J.S.A. 30:4-27.2h and .2i, (3) the patient is unwilling to accept appropriate treatment voluntarily after it has been offered, (4) the patient needs outpatient treatment or inpatient care at a short term care or psychiatric facility or special psychiatric hospital, and (5) other less restrictive alternative services are not appropriate or available to meet the person's mental health care needs."

Chapter 4 of Title 30 of the New Jersey Statutes states in part that:

1. "Clinical Certificate"... is completed by the psychiatrist or other physician who has examined the person who is subject to commitment within three days of presenting the person for involuntary commitment to treatment, and which states that the person is in need of involuntary commitment to treatment. The form shall also state the specific facts upon which the examining physician has based his conclusion and shall be certified in accordance with the Rules of the Court. (N.J.S.A. 30:4-27.2b)
2. "Screening Certificate"...means a clinical certificate executed by a psychiatrist or other physician affiliated with a screening service. (N.J.S.A. 30:4-27.2y)
3. "Physician" means a person who is licensed to practice medicine in any of the United States or its territories or the District of Columbia. (N.J.S.A. 30:4-27.2t)
4. "Psychiatrist" means a physician who has completed the training requirements of the American Board of Psychiatry and Neurology. (N.J.S.A. 30:4-27.2v)
5. "In need of involuntary commitment" or "in need of involuntary commitment to treatment" means that an adult with mental illness, whose mental illness causes the person to be dangerous to self or dangerous to others or property and who is unwilling to accept appropriate treatment voluntarily after it has been offered, needs outpatient treatment or inpatient care at a short-term care or psychiatric facility or special psychiatric hospital because other services are not appropriate or available to meet the person's mental health care needs.(N.J.S.A. 30:4-27.2m)
6. "Dangerous to self" means that by reason of mental illness the person has threatened or attempted suicide or serious bodily harm, or has behaved in such a manner as to indicate that the person is unable to satisfy his need for nourishment, essential medical care or shelter, so that it is probable that substantial bodily injury, serious physical debilitation or death will result within the reasonably foreseeable future; however, no person shall be deemed to be unable to satisfy his need for nourishment, essential medical care or shelter if he is able to satisfy such needs with the supervision and assistance of others who are willing and available. This determination shall take into account a person's history, recent behavior and any recent act, threat or serious psychiatric deterioration. (N.J.S.A. 30:4-27.2h)

7. "Dangerous to others or property" means that by reason of mental illness there is a substantial likelihood that the person will inflict serious bodily harm upon another person or cause serious property damage within the reasonably foreseeable future. This determination shall take into account a person's history, recent behavior and any recent act or threat. (N.J.S.A. 30:4-27.2i)
8. "Mental Illness" means a current, substantial disturbance of thought, mood, perception or orientation which significantly impairs judgment, capacity to control behavior or capacity to recognize reality but does not include simple alcohol intoxication, transitory reaction to drug ingestion, organic brain syndrome or developmental disability unless it results in the severity of impairment described herein. The term mental illness is not limited to "psychosis" or "active psychosis," but shall include all conditions that result in the severity of impairment described herein. (N.J.S.A. 30:4-27.2r)
9. "Outpatient treatment provider" means a community-based provider, designated as an outpatient treatment provider pursuant to section 8 of P.L.1987, c.116 (C.30:4-27.8), that provides or coordinates the provision of outpatient treatment to persons in need of involuntary commitment to treatment. (N.J.S.A. 30:4-27.2ii.)
10. "Plan of outpatient treatment" means a plan for recovery from mental illness approved by a court pursuant to section 17 of P.L.2009, c.112 (C.30:4-27.15a) that is to be carried out in an outpatient setting and is prepared by an outpatient treatment provider for a patient who has a history of responding to treatment. The plan may include medication as a component of the plan; however, medication shall not be involuntarily administered in an outpatient setting. (N.J.S.A. 30:4-27.2jj.)
11. "Reasonably foreseeable future" means a time frame that may be beyond the immediate or imminent, but not longer than a time frame as to which reasonably certain judgments about a person's likely behavior can be reached. (N.J.S.A. 30:4-27.2kk.)
12. "Any person who is a relative by blood or marriage of the person being screened who executes a clinical certificate, or any person who signs a clinical certificate for any purpose or motive other than for purposes of care and treatment, shall be guilty of a crime of the fourth degree." (N.J.S.A. 30:4-27.10e)

The statutes and Court Rule require each certifying psychiatrist or physician to determine whether the patient is in need of involuntary commitment to inpatient treatment or involuntary commitment to outpatient treatment (where available) by considering the screening document (in the case of a screening commitment) and conducting a face-to-face examination of the patient, either in person or, where permitted by the Division, through telepsychiatry.

II. Certification of examination and qualifications

I, Asma Nisan, M.D. of, 252 CR 601,
Belle Mead Somerset NS 25108347900 N.J.
City or Town County State Medical License No. (Issuing State)
do hereby certify that I personally examined Heonjong Yoo
(name of patient)

☒ I am a psychiatrist as defined on page 1 of this document.

☐ I am a physician as defined on page 1 of this document.

at Carsten Clinic on 4/8/13 from 9:30 am to 10:15 am.
(location) (date) (time of examination)

I am not a relative by blood or marriage of the subject of this certificate and my purpose or motive in executing this certificate is that care and treatment be afforded this individual.

If an interpreter assisted in this personal examination, the interpreter's name and title and the patient's primary language are as follows:

N/A
Name title language

**CERTIFICATIONS REQUIRED WHEN THE SCREENING IS CONDUCTED THROUGH
TELEPSYCHIATRY**

Please confirm by initialing before each statement that:

___ The consumer was afforded the opportunity to have an in-person interview unless waiting for a psychiatrist was clinically contraindicated; it is my opinion that the use of telepsychiatry was not clinically contraindicated because

(briefly explain)

___ I am on the staff of the screening service or ___ I am under contract with a provider of telepsychiatric services.) As the screening psychiatrist, I understand that I shall be considered an active part of the treatment team for the consumer and shall be available for discussion of the case with the facility staff, or for interviewing family members and others, as the case may require.

___ I hold a full, unrestricted medical license in New Jersey;

___ I am capable of performing all the duties that an on-site psychiatrist can perform, including prescribing medication, monitoring restraints and other related interventions that require a physician's orders or oversight;

___ I am available for discussion of the case with facility staff, or for interviewing family members and others, as the case may require.

And complete the following if it applies:

___ The consumer elected a face to face clinical evaluation, but the evaluation was performed by telepsychiatry as it was clinically inappropriate to wait under the circumstances

(briefly explain)

Check and complete one of the following options below. This document is being prepared as a:

1. () Screening Certificate pursuant to N.J.S.A. 30:4-27.5b (must be a psychiatrist affiliated with a screening service unless the screening service's contract allows a physician to complete the certificate; see N.J.S.A. 30:4-27.5b); and
() I am a *psychiatrist* as defined on page 1 of this document.
() I am a *physician* as defined on page 1 of this document who may complete this certificate pursuant to a contract between the screening service and the Division of Mental Health and Addiction Services.
or
2. (✓) Clinical Certificate pursuant to N.J.S.A. 30:4-27.10 a (must be the treatment team *psychiatrist* of a patient at an inpatient facility or an outpatient treatment provider for whom a screening certificate has also been completed);
or
3. () Clinical Certificate pursuant to N.J.S.A. 30:4-27.10b (regarding an individual who has not been screened at a screening service and whose commitment requires two clinical certificates, at least one of which must be completed by a psychiatrist).

III. Patient Identification and Information

1. Patient's identifying data:

Social Security No. 500-51 5475 Date of Birth: 8/28/93 Marital Status: S

Telephone # 817-387-6319

Address: 15 Fourth St, Clorster, NJ

Patient's Driver's License No. _____ State of Issue: _____

Next of kin (for County Adjuster court hearing notification purpose only): Seyoun Yoo (mother)

Education (Highest Grade Completed): _____ Employment or Occupation: (Bryant Ch) cousin

2. ☒ The patient does not have a Psychiatric Advance Directive (PAD)
☐ The patient has a PAD which is appended hereto.
☐ The PAD names _____ to act as a Mental Health Care Representative.
☐ The PAD does not name a Mental Health Care Representative.
☐ The patient claims to have a PAD but it has not, after a reasonable search, been found.

3. Facts, circumstances or reports related to this individual's present condition:

a. Medical Conditions: _____

Source(s) of the information: _____

Treating Physician: _____ Medication: _____

b. Present psychiatric treatment, medication and any recent changes:

Patient was overheard at Rutgers Campus that
he wants to buy a gun/sniper gun and
shoot the resident assistant and some student

Source(s) of the information: Patient was ho of bipolar dis

c. Recent stressors: and has been non adheren

Non compliance

Source(s) of the information: PT / chart

d. Substance Abuse (type and treatment):

Alcohol

Source(s) of the information: PT / chart

e. Prior psychiatric hospitalizations (types, numbers and dates, if known):

Deers

Source(s) of the information: PT / chart

f. Prior medical and psychiatric diagnoses:

Bipolar d.v.

Source(s) of the information:

PT / chart

g. Prior treatment by an outpatient provider pursuant to a commitment for outpatient treatment, if any, identifying dates of treatment, provider, any barriers to treatment, and significant outcomes:

None.

Source(s) of the information:

IV. Results and Conclusions of Personal Examination

1. Present Mental Status:
appearance and attire

Dressed in hospital gown

attitude and behavior

Co-operative

affect and mood

Very guarded.

association and thought processes

Tangential

thought content

Paranoid - Focused on discharge

perception

clear

sensorium, memory and orientation

Alert and oriented

intellectual functioning

Intact

Insight and judgment

Intact

Clinical Certificate Page 5

2. Description of physical findings (include physical status, vital signs, laboratory data):

Medically Cleared

V. Conclusions and Recommendations

1. Provisional Diagnoses from current Diagnostic and Statistical Manual:

Axis I: Bipolar disorder - Speech unpredictable
Axis II: none
Axis III: none
Axis IV: Limited support
Axis V: 20

() I certify that the patient will be dangerous to () self (complete item 2) () others or property (complete item 3) in the foreseeable future because of a mental illness.

2. Dangerous to Self

(If you have concluded that this patient is "dangerous to self," answer the items in (a), (b), or (c) below that are relevant to the patient's condition, giving the sources of information by name and title or relationship to patient, or cite the document)

(a) Y/N the patient has threatened or attempted to commit suicide (give details, including history, recent threats, dates and situations surrounding any attempts; ie, was patient taking medication, under supervision of a community treatment program, in the hospital, was there a precipitating crisis):

Ken records the patient made statement to get gun/switch gun and shoot his brother Assistant and students. Per pt. he made statement

Source of information: A/Chet absent getting a gun as

(b) Y/N the patient has threatened or attempted serious bodily harm to himself / herself:

he believes in god and has a high opinion of god. Patient has been

Source of information: A/Chet

remained for Campy prison

(c) () the patient has behaved in the following manner which indicates that he or she is unable to satisfy his/her need for () nourishment () essential medical care () shelter:

Non adherent He has also been non compliant to medication.

_____ and
the patient is not able to satisfy the needs listed in (c) above with the supervision and assistance of others who are willing and available.

Source of information: PT/Alcohol

3. Dangerous to Others or Property

(If you have concluded that this patient is "dangerous to others or property," answer the items below, giving the sources of information by name and title or document.) State all facts, observations or information upon which you base your conclusion that the patient, if not committed, would be substantially likely to inflict serious bodily harm upon another person or cause serious property damage within the reasonably foreseeable future:

(a) history of dangerous behavior

Patient was in the past reamed from
Cayne. Accused to him due to alcohol
issue. Was talking about "revenge"

Source of information: _____

(b) recent behavior (state date(s) of behavior)

Main thing everybody said he wants to get
a gun. Join Infantry in US Military
Source of information: Patient be in the front line

4. State alternatives to involuntary treatment that were considered and why other services are not appropriate or available to meet the patient's mental health care needs. Be specific, (if information contained in the screening document is relied on, please refer to specific item number in that document).

None

5. I am aware of the standard for involuntary commitment as defined in section I above. The following checked statements are true:

- ☒ I personally examined this patient
- ☒ This patient suffers from a mental illness as defined in section I of this form.
- ☒ This patient, if not committed, would be a danger to self or others or property by reason of such mental illness in the foreseeable future.
- ☒ This patient is unwilling to be admitted to the recommended treatment program or facility voluntarily for care. (except for consensual admissions to an STCP)

If the patient is to receive services in a county that has a functioning outpatient commitment program which has an opening, choose one of the two options (c) below:

- ☐ The danger, while reasonably foreseeable, is in my professional judgment not imminent, and outpatient treatment is sufficient to render the patient unlikely to be dangerous in the reasonably foreseeable future, and my recommendation is

Clinical Certificate Page 7

commitment to an available outpatient program provided by: _____ () *Complete*
section VII

() The danger is in my professional judgment imminent, or outpatient treatment is either unavailable or is not sufficient to render the patient unlikely to be dangerous in the reasonably foreseeable future, and my recommendation is commitment to the least restrictive available inpatient facility.

If the patient is to receive services in a county that has not yet designated an outpatient commitment program, or if the program has no openings,

() My recommendation is commitment to least restrictive available inpatient facility.

VI. Certification

I certify that the foregoing statements made by me are true.

I further certify that this patient is medically stable and is not in primary need of a medical or nursing home level of care at this time.

I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

Psychiatrist / Physician's Signature

STATE OF NEW JERSEY

SUPERIOR COURT
COUNTY OF SOMERSET

IN RE THE MATTER OF HEONJONJ YOO

TEMPORARY ORDER FOR THE INVOLUNTARY COMMITMENT OF AN ADULT

This matter having being brought before the Court on this 8th day of April 2013 for a Temporary Oder for Commitment to Treatment pursuant to *N.J.S.A. 30:4-27.10(a)*, specifically seeking the involuntary commitment of Heonjonj Yoo, an adult (herein referred to as "patient") to inpatient treatment; and

The two necessary clinical/screening certificates having been presented to the court in the form required by *N.J.S.A. 30:4-27(b)*; and

The court, upon review of the documents received, finding there to be probable cause to believe that the above-named patient is in need of involuntary commitment to treatment in accordance with the standard set forth in *N.J.S.A. 30:4-27(m)*;

IT IS on this 8th day of April 2013 ORDERED that:

1. The above-named patient be involuntarily committed to treatment and admitted to Carrier Clinic, unless an alternative placement is provided pursuant to the authority of the Commissioner of Human Services pending a court hearing with respect to the issue of continuing need for involuntary commitment to treatment, said hearing be conducted within 20 days from the initial commitment; and
2. The court hearing (referred to in paragraph 1, above) is hereby scheduled for 1000am on the 23rd day of April 2013 at Carrier Clinic; and
3. County Counsel of Middlesex County is hereby assigned to present, at said hearing, the case for continuing involuntary commitment to treatment; and
4. The following attorney is hereby assigned to represent the patient:
John Kwasnik Esq.

5. Notice of the time, date and location of the above scheduled hearing shall be served no less than 10 days prior to hearing date, upon the patient, patient's counsel, patient's guardian (if any), county counsel referred to herein, and patient's nearest relatives (include addresses):

Soyoun Yoo
15 Fourth Street
Closter, NJ 07624

The county adjuster of the county in which the patient has legal settlement, the director, chief executive officer or other individual having custody of the patient, and the following individual (include addresses):

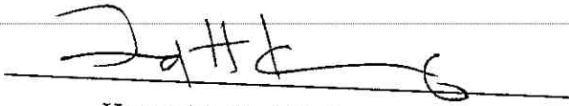
6. The notice (referred to in paragraph 5 above) shall be served upon the patient, patient's guardian (if any) and patient's counsel and shall include a copy of this Order, a statement of patient's rights at the court hearing (*N.J.S.A. 30:4-27.14*) and the screening and/or clinical certificates and any other documents submitted in support of patient's involuntary commitment; and

7. Service upon the patient shall be by personal service, all other persons specified herein to receive notice shall be served by _____ (mode of service)

with the following exceptions: _____

_____ ; and

It is furthered ordered that _____


Honorable Fred H. Kumpf, JSC

10/01/2015 10:34 9082811334

CARRIER ADMISSIONS

PAGE 01/02



Belle Mead, NJ 08502
908-281-1000

October 1, 2015

Middlesex County Adjuster
POB 469
New Brunswick, NJ 08903

RECEIVED

OCT 01 2015

CLINIC

CERTIFICATE OF DISCHARGE

RE: HEONJONG YOO

The above named patient was discharged from this hospital on September 30, 2015. We have removed this patient from our hospital census.

Please contact me at 908-281-1607 if you have any questions or require additional information.

Thank you.

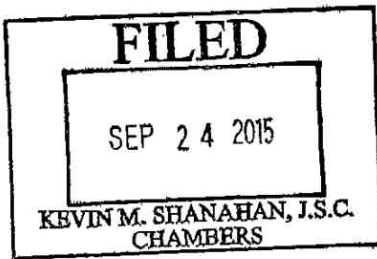
Sincerely,

Joyce Springsteel
Court Clerk

09/24/2015 15:15 9082811334

CARRIER ADMISSIONS

PAGE 01/41



STATE OF NEW JERSEY

SUPERIOR COURT
COUNTY OF SOMERSET

RECEIVED

SEP 24 2015

REGISTER'S OFFICE
MIDDLESEX COUNTY

IN RE THE MATTER OF HEONJONG YOO

TEMPORARY ORDER FOR THE INVOLUNTARY COMMITMENT OF AN ADULT

This matter having being brought before the Court on this 24th day of September 2015 for a Temporary Order for Commitment to Treatment pursuant to *N.J.S.A. 30:4-27.10(a)*, specifically seeking the involuntary commitment of Heonjong Yoo, an adult (herein referred to as "patient") to inpatient treatment; and

The two necessary clinical/screening certificates having been presented to the court in the form required by *N.J.S.A. 30:4-27(b)*; and

The court, upon review of the documents received, finding there to be probable cause to believe that the above-named patient is in need of involuntary commitment to treatment in accordance with the standard set forth in *N.J.S.A. 30:4-27(m)*;

IT IS on this 24th day of September 2015 ORDERED that:

1. The above-named patient be involuntarily committed to treatment and admitted to Carrier Clinic, unless an alternative placement is provided pursuant to the authority of the Commissioner of Human Services pending a court hearing with respect to the issue of continuing need for involuntary commitment to treatment, said hearing be conducted within 20 days from the initial commitment; and
2. The court hearing (referred to in paragraph 1, above) is hereby scheduled for 1000am on the 6th day of October 2015 at Carrier Clinic; and
3. County Counsel of Middlesex County is hereby assigned to present, at said hearing, the case for continuing involuntary commitment to treatment; and
4. The following attorney is hereby assigned to represent the patient:
Joseph Bilal Esq.

09/24/2015 15:15 9082811334

CARRIER ADMISSIONS

PAGE 02/41

5. Notice of the time, date and location of the above scheduled hearing shall be served no less than 10 days prior to hearing date, upon the patient, patient's counsel, patient's guardian (if any), county counsel referred to herein, and patient's nearest relatives (include addresses):

Soyoun Yoo
15 Fourth Street
Closter, NJ 07624

The county adjuster of the county in which the patient has legal settlement, the director, chief executive officer or other individual having custody of the patient, and the following individual (include addresses):

6. The notice (referred to in paragraph 5 above) shall be served upon the patient, patient's guardian (if any) and patient's counsel and shall include a copy of this Order, a statement of patient's rights at the court hearing (N.J.S.A. 30:4-27.14) and the screening and/or clinical certificates and any other documents submitted in support of patient's involuntary commitment; and

7. Service upon the patient shall be by personal service, all other persons specified herein to receive notice shall be served by Certified Mail
(mode of service)

with the following exceptions: _____

_____; and

It is further ordered that _____



Judge Signature

KEVIN M. SHANAHAN, J.S.C.

Print or Stamp Judge Name

09/24/2015 15:15 9082811334

CARRIER ADMISSIONS

PAGE 04/41

TYPE OR PRINT CLEARLY

Name, relationship, and address of the next-of-kin of said patient:

Soyoun Yoo mother [REDACTED] Closter, NJ 07624

Social Security #: [REDACTED] 5475

Does Patient have any benefits? Yes ☒ No

If "Yes" specify: United Student

Name of Person Making Application

Joyce Springsteel
Applicant

Relationship or Position

Court Clerk

Street Address

POB 147

Town or City

Belle Mead

Zip Code

08502

County of

Somerset

State of

New Jersey

Telephone

908-281-1000

RECEIVED

SEP 24 2015

ADJUSTER'S OFFICE
MIRIAM H. BROWN

Date: September 24, 2015

09/24/2015 15:15 9882811334

CARRIER ADMISSIONS

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Heonjong Gyo

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

SCREENING DOCUMENT FOR ADULTS
(Pursuant to N.J.S.A. 30:4-27.1 et seq)

RECEIVED

SEP 24 2015

ADJUSTER'S OFFICE
MIDDLESEX COUNTY

I. DEFINITIONS

- A. "Screening service" means a public or private ambulatory care service designated by the commissioner, which provides mental health services including assessment, emergency and referral services to persons with mental illness in a specified geographic area (N.J.S.A.30:4-27.2z). Screening is the process by which an individual being considered by commitment meets the standards for mental illness and dangerousness as defined herein.
- B. "Certified screener" means an individual who has fulfilled the requirements set forth in N.J.A.C. 10:31-3.3 and has been certified by the Division as qualified to assess eligibility for involuntary commitment to treatment. (N.J.S.A. 30:4-27.2p)
- C. "Mental illness" means a current, substantial disturbance of thought, mood, perception or orientation which significantly impairs judgment, capacity to control behavior or capacity to recognize reality, but does not include simple alcohol intoxication, transitory reaction to drug ingestion, organic brain syndrome or developmental disability unless it results in the severity of impairment described herein. The term mental illness is not limited to "psychosis" or "active psychosis," but shall include all conditions that result in the severity of impairment described herein. (N.J.S.A. 30:4-27.2r)
- D. "Dangerous to self" means that by reason of mental illness the person has threatened or attempted suicide or serious bodily harm, or has behaved in such a manner as to indicate that the person is unable to satisfy his need for nourishment, essential medical care or shelter, so that it is probable that substantial bodily injury, serious physical harm or death will result within the reasonably foreseeable future; however, no person shall be deemed to be unable to satisfy his need for nourishment, essential medical care or shelter if he is able to satisfy such needs with the supervision and assistance of others who are willing and available. This determination shall take into account a person's history, recent behavior and any recent act, threat or serious psychiatric deterioration. (N.J.S.A. 30:4-27.2h)
- E. "Dangerous to others or property" means that by reason of mental illness there is a substantial likelihood that the person will inflict serious bodily harm upon another person or cause serious property damage within the reasonably foreseeable future. This determination shall take into account a person's history, recent behavior and any recent act, threat or serious psychiatric deterioration. (N.J.S.A. 30:4-27.2i)
- F. "In need of involuntary commitment" or "In need of involuntary commitment to treatment" means that an adult with mental illness, whose mental illness causes the person to be dangerous to self, or dangerous to others or property and who is unwilling to accept appropriate treatment voluntarily after it has been offered, needs outpatient treatment or inpatient care at

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a short-term care or psychiatric facility or special psychiatric hospital because other services are not appropriate or available to meet the person's mental health care needs. (N.J.S.A. 30:4-27.2m).

- G. "Outpatient treatment" means clinically appropriate care based on proven or promising treatments directed to wellness and recovery, provided by a member of the patient's treatment team to a person not in need of inpatient treatment. Outpatient treatment may include, but shall not be limited to, day treatment services, case management, residential service, outpatient counseling and psychotherapy, and medication treatment. (N.J.S.A. 30:4-27.2hh)
- H. "Outpatient treatment provider" means a community-based provider designated as an outpatient treatment provider pursuant to Title 30 of the New Jersey statutes P.L. 1987, c. 116 (c.30:4-27.8), that provides or coordinates that provision of outpatient treatment to persons in need of involuntary commitment to treatment. (N.J.S.A. 30: 4-27.2ii)
- I. "Plan of outpatient treatment" means a plan for recovery from mental illness approved by a court pursuant to N.J.S.A. 30:4-27.15b prepared by an outpatient treatment provider for a patient who has a history of responding to treatment. The plan may include medication as a component of the plan; however, medication shall not be involuntarily administered in an outpatient setting. (N.J.S.A. 30:4-27.2jj)
- J. "Stabilization options" means treatment modalities or means of support used to remediate a crisis and avoid hospitalization. They may include but are not limited to crisis intervention counseling, acute partial care, crisis housing, voluntary admission to a local inpatient unit, referral to other 24 hour treatment facilities, referral and linkage to other community resources, and use of natural support systems.
- K. "Telepsychiatry option" - psychiatric evaluation which is accomplished through technologically assisted means if the screening service has been granted a waiver by the Division of Mental Health and Addiction Services in accordance with N.J.A.C. 10:31-11 to utilize telepsychiatry in psychiatric evaluations. *See also*, N.J.A.C. 10:31-2.3(f)(2).
- L. "Least restrictive environment" means the available setting and forms of treatment that appropriate address a person's need for care and the need to respond to dangers to the person, others or property and respect, to the greatest extent practicable, the person's interests in freedom of movement and self-direction. (N.J.S.A. 30: 4-27.2gg)
- M. "Consensual" means the type of admission applicable to a person who understands and agrees to be admitted to a short-term care facility (STCF) for stabilization and treatment (see N.J.A.C. 10:37G-1 et seq) but otherwise meets the standards for commitment in that she/he is dangerous to self, others or property by reason of mental illness.

This document is to be used only by a certified screener to document a person's eligibility for involuntary commitment to either inpatient or outpatient commitment or consensual hospitalization.

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II. SCREENING INFORMATION

A. This document is being prepared as a:

- ☒ Screening document recommending inpatient treatment (Pursuant to N.J.S.A. 30:4-27-1 et seq.)
() Screening document recommending outpatient treatment (Pursuant to N.J.S.A. 30:4-27-1 et seq.)
() Consensual admission document (Pursuant to N.J.A.C. 10:37G-1 et seq.)

B. Telepsychiatry will be used to complete the screening certificate ☒ Yes ___ No. (Pursuant to N.J.A.C. 10:31-2.3(f)(2)). Complete the telepsychiatry certifications on Attachment A (attached).

C. Name of Client Heonjong Yoo

D. Date of Birth [REDACTED] 1993

E. Sex: ☒ M ___ F

F. English language abilities:

Speaks English as primary language: ☒ Yes ___ No
Speaks English but it is not primary language:

___ Few Words ___ Conversationally ___ Fluent

If not English, what is the person's primary language? N/A

Primary Language Abilities

___ Speaks ___ Reads ___ Writes

Did you interview this person in his or her primary language? ☒ Yes ___ No

If no, was an interpreter present? ___ Yes ___ No

If an interpreter was present, please give the interpreter's name and title:

N/A

G. Psychiatric Advance Directive

- ☒ The patient does not have a psychiatric advance directive (PAD)
() I was unable, after reasonable inquiry, to determine at this time whether the patient has a PAD
() The patient has a PAD which is appended hereto.
() The PAD names _____ to act as a Mental Health Care Representative
() The PAD does not name a Mental Health Care Representative.
() The patient claims to have a Psychiatric Advance Directive but it has not, after a reasonable search, been found.

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III. FINDINGS

A. Reasons for screening. Describe circumstances that led to the consumer being brought to the screening service. Describe symptoms and behaviors.

Pt. was brought to ED by Police subsequent to making terroristic threats by stating "death to the Middle East." Throughout the day yesterday he was making these threats and was disruptive within the community where he was approached by RUPD couple of times.

Attach extra sheets or relevant documents marked "III A." if more room is required for explanation.

You may also attach copies of progress notes, records and other relevant documentation if it would be more efficient.

B. Describe the person's mental illness (refer to the definition above and include person's psychiatric diagnoses and mental health history, including his/her recent and past treatment, history:

Pt. is diagnosed with Mood Disorder and he has been hospitalized at Carrier Clinic in 2011 for wanting to use shotguns to shoot people

Attach extra sheets or relevant documents marked "III B." if more room is necessary for explanation. You may also attach copies of progress notes, records and other relevant documentation if it would be more efficient.

C. Is it likely that this disturbance is a result of simple alcohol intoxication, transitory reaction to drug ingestion, organic brain syndrome or developmental disability?

No ☒ Yes ☐

If yes, state cause and test results or symptoms supporting this conclusion: _____

D. Does the patient have a history of substance abuse?

No ☒ Yes ☐

If yes, provide detail:

Pt. denies history of drug use.

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E. Patient's dangerousness due to mental illness. Check and describe only appropriate items:

() Dangerous to self/suicidal

Describe the danger: Include history of recent and past attempts, whether there are current suicidal threats, plans or intent (quote statements made), availability and lethality of means, or recent actions and behaviors indicating serious psychiatric deterioration, that make it more likely than not that serious harm or death will result from this person's actions within the reasonably foreseeable future.

none Reported.

(X) Dangerous to self/not suicidal

Describe the danger. Include history, self-injury threats, plans or intent (quote statements made), or recent actions and behaviors, that would make it more likely than not that substantial bodily injury, serious physical debilitation, death or serious psychiatric deterioration will result within the reasonably foreseeable future. If indicated, also describe how person has behaved so as to indicate that he/she is unable to satisfy his need for nourishment, essential medical care or shelter.

Pt. appears disruptive within a community and makes terroristic threats where he subsequently may get hurt. Pt. seems politically preoccupied and seems unable to function.

(X) Dangerous to others

Describe the danger: Include history, threats, plans or intent (quote statements made) to hurt others, availability and lethality of means, or recent actions, behaviors or serious psychiatric deterioration indicating a substantial likelihood that this individual will inflict serious bodily harm on another person within the reasonably foreseeable future. If known, identify intended victim(s).

Pt. makes terroristic threats and has history of wanting to shoot people with a shotgun. Pt. presents as danger to society.

() Dangerous to property

Describe the danger: Include history, threats, plans or intent (quote statements made), availability of means, person's recent actions or behavior, or serious psychiatric deterioration indicating a substantial likelihood that this individual will cause serious property damage within the reasonably foreseeable future.

none Reported.

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F. Documentation of diversion attempts. Identify interventions or services which have been attempted to stabilize the person and avert the need for involuntary or consensual admission. Identify whether commitment to outpatient treatment is an appropriate option for treatment. Check at least one column for each alternative.

Type of intervention	Appropriate	Not appropriate	Available	Not available
Existing support System		✓	✓	
Referral & Linkage to Community Services		✓	✓	
Crisis Intervention Counseling		✓	✓	
Outpatient Services		✓	✓	
Medication Monitoring		✓	✓	
Acute Partial Care		✓	✓	
PACT		✓	✓	
ICMS		✓	✓	
Extended Crisis Evaluation Bed with Medication Monitoring		✓	✓	
Voluntary Admission to Non-STCF Inpatient Unit		✓	✓	
Crisis Housing		✓	✓	
Referral to other non-mental health 24 hour facility		✓	✓	
Other (describe)				

IV. DISPOSITION

A. Recommendation for involuntary treatment (if consensual go to section V)

☒ Involuntarily commitment to inpatient facility because (check all that apply)

☒ the danger presented by this patient is imminent, or

☐ involuntary outpatient treatment is unavailable, or

☒ involuntary outpatient treatment is not sufficient to render the patient unlikely to be dangerous in the reasonably foreseeable future.

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() commitment to involuntary outpatient treatment because the danger that is presented by the patient's condition, while reasonably foreseeable, is not at this time imminent, and outpatient treatment is sufficient to render the patient unlikely to be a danger in the reasonably foreseeable future. Patient ___ has been or ___ will be referred for admission to a functioning outpatient program in this county which has availability provided by:

(provider)

Detail patient's past history of responding to treatment. What treatment modalities were successfully utilized in stabilization and managing safe behavior in the community?

N/A

Attach notes or extra sheets marked "IOC recommendation" if needed for full explanation.

() I have spoken to _____ at the designated outpatient provider to discuss referral and development of a treatment plan.

Outpatient commitment treatment plan

I recommend the following as essential elements of any treatment plan implemented for this patient by an outpatient treatment provider:

- () Medication monitoring @ _____
- () Group therapies _____
- () Individual therapy @ _____
- () Case management _____
- () Residential supervision _____
(describe intensity of supervision required) _____
- () other services and programs required to maintain or lessen current level of dangerousness _____
- () PACT _____

B. Least restrictive available setting rationale.

If inpatient hospitalization is recommended, briefly explain why no less restrictive intervention/service was appropriate and available and describe why the individual's current mental health condition renders him or her imminently dangerous or why commitment to outpatient treatment is deemed inadequate to render the person unlikely to be dangerous to self, others or property within the reasonably foreseeable future.

Pt. presents as danger to others as he publically makes terroristic threats and has history of wanting to shoot people with a shotgun. Pt. appears a danger to self as he may subsequently get hurt and hurt others. Pt. requires involuntary inpt. hospitalization

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V. Certification

I am a NJ Certified Mental Health Screener and an employee of Rutgers UBHC APS
I have interviewed Heonjong Yoo on this date and reviewed the available
clinical records. It is my opinion that at this time the named person shows evidence of mental
illness and because of that mental illness is:

yes Dangerous to self

yes Dangerous to others or property

(Fill out only one side below)

SCREENING DOCUMENT

CONSENSUAL ADMISSION DOCUMENT

[Signature]
Signature of Screener

Signature of Screener

S-4843
Screener Number

Screener Number

09-22-2015
Date

Date

01:00AM
Time

Time

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Attachment A

TO BE COMPLETED WHEN TELEPSYCHIATRY IS UTILIZED:

Initial one sentence in each numbered section.

1. _____ Telepsychiatry was used in the screening of this consumer and the use of telepsychiatry for this consumer was in accordance with the approved plan by DMHAS.
(e.g., telepsychiatry was used on a weekend, holiday or other condition, specify below.)

2. _____ The consumer was afforded the opportunity to have a face-to face assessment with a psychiatrist rather than a telepsychiatry assessment and elected to have the telepsychiatry assessment OR

_____ The clinical circumstances as documented by the psychiatrist on his or her certification required a more timely assessment such that waiting to conduct a face to face assessment was not clinically appropriate. (Provide brief explanation below).

3. _____ The consumer consented to the telepsychiatry OR

_____ Emergent circumstances made consent to telepsychiatry inappropriate.
(Provide a brief explanation below.)

5. _____ A screener or registered nurse was available to the consumer at all times during the telepsychiatric assessment. Screener or nurse must sign at the end of the document.

I. Certification:

I am a NJ Certified Mental Health Screener and an employee of _____.
I have interviewed _____ on this date and reviewed the available clinical records. I certify that the telepsychiatry was utilized in the manner described above. It is my opinion that at this time the named person shows evidence of mental illness and is

_____ Dangerous to self

_____ Dangerous to others or property

I certify that the patient was screened through telepsychiatry and the above statements are true.

Type or print name

sign

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Type or Print Clearly
STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
Division of Mental Health and Addiction Services
CLINICAL / SCREENING CERTIFICATE FOR INVOLUNTARY COMMITMENT OF MENTALLY ILL ADULTS

(Pursuant to N.J.S.A. 30:4-27.1, et seq. and N.J.R.Ct.4:74-7)

If additional space is needed to provide the information requested, additional documents may be attached to this form.

RECEIVED

SEP 24 2015

ADJUSTER'S OFFICE
HUNTERDON COUNTY

I. Definitions and Legal Standards

New Jersey Court Rule 4:74-7(b) states in part that: "...the certificates shall state with particularity the facts upon which the psychiatrist, physician or mental health screener relies in concluding that (1) the patient is mentally ill, (2) that mental illness causes the patient to be dangerous to self or others or property as defined by N.J.S.A. 30:4-27.2h and .2i, (3) the patient is unwilling to accept appropriate treatment voluntarily after it has been offered, (4) the patient needs outpatient treatment or inpatient care at a short term care or psychiatric facility or special psychiatric hospital, and (5) other less restrictive alternative services are not appropriate or available to meet the person's mental health care needs."

Chapter 4 of Title 30 of the New Jersey Statutes states in part that:

1. "Clinical Certificate"... is completed by the psychiatrist or other physician who has examined the person who is subject to commitment within three days of presenting the person for involuntary commitment to treatment, and which states that the person is in need of involuntary commitment to treatment. The form shall also state the specific facts upon which the examining physician has based his conclusion and shall be certified in accordance with the Rules of the Court. (N.J.S.A. 30:4-27.2b)
2. "Screening Certificate", means a clinical certificate executed by a psychiatrist or other physician affiliated with a screening service. (N.J.S.A. 30:4-27.2y)
3. "Physician" means a person who is licensed to practice medicine in any of the United States or its territories or the District of Columbia, (N.J.S.A. 30:4-27.2t)
4. "Psychiatrist" means a physician who has completed the training requirements of the American Board of Psychiatry and Neurology. (N.J.S.A. 30:4-27.2v)
5. "In need of involuntary commitment" or "in need of involuntary commitment to treatment" means that an adult with mental illness, whose mental illness causes the person to be dangerous to self or dangerous to others or property and who is unwilling to accept appropriate treatment voluntarily after it has been offered, needs outpatient treatment or inpatient care at a short-term care or psychiatric facility or special psychiatric hospital because other services are not appropriate or available to meet the person's mental health care needs. (N.J.S.A. 30:4-27.2m)



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6. "Dangerous to self" means that by reason of mental illness the person has threatened or attempted suicide or serious bodily harm, or has behaved in such a manner as to indicate that the person is unable to satisfy his need for nourishment, essential medical care or shelter, so that it is probable that substantial bodily injury, serious physical debilitation or death will result within the reasonably foreseeable future; however, no person shall be deemed to be unable to satisfy his need for nourishment, essential medical care or shelter if he is able to satisfy such needs with the supervision and assistance of others who are willing and available. This determination shall take into account a person's history, recent behavior and any recent act, threat or serious psychiatric deterioration. (N.J.S.A. 30:4-27.2h)

7. "Dangerous to others or property" means that by reason of mental illness there is a substantial likelihood that the person will inflict serious bodily harm upon another person or cause serious property damage within the reasonably foreseeable future. This determination shall take into account a person's history, recent behavior and any recent act or threat. (N.J.S.A. 30:4-27.2i)

8. "Mental Illness" means a current, substantial disturbance of thought, mood, perception or orientation which significantly impairs judgment, capacity to control behavior or capacity to recognize reality but does not include simple alcohol intoxication, transitory reaction to drug ingestion, organic brain syndrome or developmental disability unless it results in the severity of impairment described herein. The term mental illness is not limited to "psychosis" or "active psychosis," but shall include all conditions that result in the severity of impairment described herein. (N.J.S.A. 30:4-27.2j)

9. "Outpatient treatment provider" means a community-based provider, designated as an outpatient treatment provider pursuant to section 8 of P.L.1987, c.116 (C.30:4-27.8), that provides or coordinates the provision of outpatient treatment to persons in need of involuntary commitment to treatment. (N.J.S.A. 30:4-27.2ii.)

10. "Plan of outpatient treatment" means a plan for recovery from mental illness approved by a court pursuant to section 17 of P.L.2009, 0.112 (C.30:4-27.15a) that is to be carried out in an outpatient setting and is prepared by an outpatient treatment provider for a patient who has a history of responding to treatment. The plan may include medication as a component of the plan; however, medication shall not be involuntarily administered in an outpatient setting. (N.J.S.A. 30:4-27.2jj.)

11. "Reasonably foreseeable future" means a time frame that may be beyond the immediate or imminent, but not longer than a time frame as to which reasonably certain judgments about a person's likely behavior can be reached. (N.J.S.A. 30:4-27.2kk.)

12. "Any person who is a relative by blood or marriage of the person being screened who executes a clinical certificate, or any person who signs a clinical certificate for any purpose or motive other than for purposes of care and treatment, shall be guilty of a crime of the fourth degree." (N.J.S.A. 30:4-27.10e)

The statutes and Court Rule require each certifying psychiatrist or physician to determine whether the patient is in need of involuntary commitment to inpatient treatment or involuntary commitment to outpatient treatment (where available) by considering the screening document (in the case of a screening commitment) and conducting a face-to-face examination of the patient, either in person or, where permitted by the Division, through telepsychiatry.

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II. Certification of examination and qualifications

A. I, Jenys Allende, M.D. of 765 E. Rt 70
Street Address
Marlton NJ 25MA08498500
City or Town County State Medical License No.
Issued by NJ do hereby certify that I personally examined Heonjong Yoo
(State) (Name of patient)

at RWJ on 9/22/2015 from 11:20-11:30AM
(location) (date) (time of examination)

B. I am not a relative by blood or marriage of the subject of this certificate and my purpose or motive in executing this certificate is that care and treatment be afforded this individual.

C. If an interpreter assisted in this personal examination, the interpreter's IMMO and title and the patient's primary language are as follows:

Name	Title	Language
------	-------	----------

D. Check and complete one of the following options below. This document is being prepared as a:

1. ☒ Screening Certificate pursuant to N.J.S.A. 30:4-27.5b (must be a psychiatrist affiliated with a screening service unless the screening service's contract allows a physician to complete the certificate; see N.J.S.A. 30:4-27.5b); and
☒ I am a *psychiatrist* as defined on page I of this document.
☐ I am a *physician* as defined on page I of this document who may complete this certificate pursuant to a contract between the screening service and the Division of Mental Health and Addiction Services.
or
2. ☐ Clinical Certificate pursuant to N.J.S.A. 30:4-27.10 a (must be the treatment team psychiatrist of a patient at an inpatient facility or an outpatient treatment provider for whom a screening certificate has also been completed);
or
3. ☐ Clinical Certificate pursuant to N.J.S.A. 30:4-27.106 (regarding an individual who has not been screened at a screening service and whose commitment requires two clinical certificates, at least one of which must be completed by a psychiatrist).
☐ I am a *psychiatrist* as defined in section I of this certificate.
☐ I am a *physician* as defined in section I of this certificate.

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III. Telepsychiatry (If Telepsychiatry Not Used, Skip to IV)

(Telepsychiatry was the means by which the interview with the patient was conducted)

Complete each numbered provision below and initial where indicated and appropriate

1. ☒ The consumer was afforded the opportunity to have an in-person interview; or
☐ The consumer elected a face to face clinical evaluation but the evaluation was performed by telepsychiatry because waiting for a psychiatrist was clinically contraindicated. Briefly explain: _____
2. ☒ Telepsychiatry was not clinically contraindicated because patient could participate
3. ☐ I am on the staff of the screening service; or ☒ I am under contract with a provider of telepsychiatric services;
4. ☒ I hold a full, unrestricted medical license in New Jersey.
5. ☒ I am capable of performing all the duties that an on-site psychiatrist can perform, including prescribing indication, monitoring restraints and other related interventions that require a physician's orders or oversight;
6. ☒ I am available for discussion of the case with facility staff, or for interviewing family members and others, as the case may require.

IV. Patient Identification and information

1. Patient's identifying data:

Social Security No: 5475 Date of Birth: 1993 Marital Status: single

Telephone # (917)387-6319

Address: 430 Hamilton St. Somerset NJ 08873

Patients Driver's License No. Unknown

State of Issue: unknown

Next of kin (for County Adjuster court hearing notification purpose only): unknown

Education (Highest Grade Completed): in college Employment or Occupation: student

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2. Psychiatric Advance Directive:

- ☒ The patient does not have a Psychiatric Advance Directive (PAD) (go to 3).
☐ It could not be determined after a reasonable inquiry whether the patient has a PAD (go to 3).
☐ The patient claims to have a PAD, but after a reasonable search it has not been found (go to 3.); OR
☐ The patient has a Psychiatric Advance Directive which is appended hereto.
☐ The PAD names _____ to act as a Mental Health Care Representative.
☐ The PAD does not name a Mental Health Care Representative.

3. Patient's presenting conditions:

a. Medical Conditions: Mood D/O NOS

Source(s) of the information: ☒ patient ☒ chart ☐ collateral _____

Treating Physician: unknown Medications: none

b. Presenting psychiatric condition, current psychiatric treatment, medication and any recent changes: Pt non complaint with medications and treatment since being at Carrier clinic in 2011. He was brought in by RUPD after making terroristic threats "death to middle east". He continued pressured illogical, agitated screaming in ER and required IM medications and restraints.

Source(s) of the information: ☒ patient ☒ chart ☐ collateral _____

c. Recent stressors: "heated discussion with friends"

Source(s) of the information: ☒ patient ☒ chart ☐ collateral _____

d. Substance Abuse (type and treatment):

none

Source(s) of the information: ☒ patient ☒ chart ☐ collateral _____

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e. Prior psychiatric hospitalizations or voluntary outpatient treatment (types and dates, if known):

Carrier 2011

Source(s) of the information: ☒ patient ☒ chart ☐ collateral _____

f. Prior medical and psychiatric diagnoses:

see medical conditions

Source(s) of the information: ☒ patient ☒ chart ☐ collateral _____

g. Prior treatment by an outpatient provider pursuant to a commitment for outpatient treatment, if any; identifying dates of treatment; provider, any barriers to treatment; and significant outcomes:

NA

Source(s) of the information: ☐ patient ☒ chart ☐ collateral _____

V. Results and Conclusions of Personal Examination

1. Present Mental Status:

- a. Appearance and attire: in hospital scrubs, moderately well kempt but does not have his glasses
- b. Attitude and behavior: speech pressured difficult to redirect.
- c. Affect and mood: anxious

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- d. Association and thought processes: illogical circumstantial to precived misunderstandings difficulty with redirection
- e. Thought Content: denies SI or HI, denies paranoia
- f. Perception: no AH no VH
- g. Sensorium, Memory and Orientation: alert and oriented to person place and situation
- h. Intellectual Functioning: grossly average
- i. Insight and Judgment: impaired

2. Description of physical findings (include physical status, vital signs, laboratory data): pt is medically clear for psychiatric hospitalization

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VI. Conclusions and Recommendations

1. Provisional Diagnoses from current Diagnostic and Statistical Manual:Mood D/O NOS

Other Diagnoses: _____

(☒) I certify that the patient will be dangerous to (☐) self (complete item VI.2)(☒) others or property (complete item VI.3) in the foreseeable future because of a mental illness.

2. Dangerous to Self

If you have concluded that this patient is "dangerous to self," answer the items in (a), (b), or (c) below that are relevant to the patient's condition, giving the sources of information by name and title or relationship to patient, or cite the document. Give details, including history, recent threats, dates and situations surrounding any attempts; i.e. was patient taking medication, under supervision of a community treatment program, in the hospital, was there a precipitating crisis?

a. The patient has threatened or attempted to commit suicide (when and how, if known) :

N/A

Source of information: ☐patient ☐chart ☐collateral_____

b. The patient has threatened or attempted serious bodily harm to himself/ herself as follows:

N/A

Source of information: ☐patient ☐chart ☐collateral_____

c. The patient has behaved in the following manner which indicates that he or she is unable to satisfy his/ her need for

(☐) nourishment (☐) essential medical care (☐) shelter:

N/A

AND

The patient is not able to satisfy the needs listed in (c) above with the supervision and assistance of others who are willing and available.

Source of information: ☐patient ☐chart ☐collateral_____

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3. Dangerous to Others or Property

If you have concluded that this patient is dangerous to others or property, answer the items below, giving the sources of information by name and title or relationship to patient, or cite the document. State all facts, observations or information upon which you base your conclusion that the patient, if not committed, would be substantially likely to inflict serious bodily harm upon another person or cause serious property damage within the reasonably foreseeable future:

a. History of dangerous behavior

Patient in psychiatric unit involuntarily in 2011 for terroristic threats with gun

Source of information: ☐ patient ☒ chart ☐ collateral _____

b. Recent behavior (state date(s) of behavior)

Patient brought in by police for making terroristic threats "death to the middle east", and while in ER continued agitated, screaming, not redirectable, requiring restraints and IM medications

Source of information: ☒ patient ☒ chart ☐ collateral _____

4. State alternatives to involuntary treatment that were considered and why other services are not appropriate or available to meet the patient's mental health care needs. Be specific, (if information contained in the screening document is relied on, please refer to specific item number in that document). Does not consent to voluntary admission

5. I am aware of the standards for involuntary commitment as defined in section 1 above. The following checked statements are true:

- ☒ I personally examined this patient
- ☒ This patient suffers from a mental illness as defined in section 1 of this form.
- ☒ This patient, if not committed, would be a danger to self or others or property by reason of such mental illness in the foreseeable future.
- ☒ This patient is unwilling to be admitted to the recommended treatment program or facility voluntarily for care.

If the patient satisfies the criteria in number 5 (or the first three if the patient has consented to admission to a short term care facility), proceed to Disposition in Section VII. If not, refer back to Screener for referral and follow-up.

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VII. Disposition

1. If the patient is to receive services in a county that has not yet designated an outpatient commitment program, or if the program exists but has no openings:

☒ The danger s/he presents is imminent.

☐ Although the danger s/he presents is not imminent, this patient is in need of care at a psychiatric inpatient unit because other services are not appropriate or available to meet the person's mental health care needs.

2. If the patient is to receive services in a county that has a functioning outpatient commitment program which has an opening, choose one of the two options below:

☐ In my professional judgment, the danger is imminent, or outpatient treatment is either not available or would not be sufficient to render the patient unlikely to be dangerous in the reasonably foreseeable future, and my recommendation is commitment to the least restrictive available inpatient facility.

OR

☐ In my professional judgment, the danger is foreseeable, but not imminent, and my recommendation is commitment to an available outpatient program provided by:

The following are essential elements of any treatment plan implemented with this patient by an outpatient treatment provider:

☐ medication monitoring @ _____

☐ group therapies _____

☐ individual therapy @ _____

☐ case management

☐ residential supervision _____

(Describe intensity of supervision required)

☐ other services and programs required to maintain or lessen current level of dangerousness: _____

VIII. Certification

I certify that the foregoing statements made by me are true.

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I further certify that this patient is medically stable and is not in primary need of a medical or nursing home level of care at this time.

I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.



Date: 9/22/2015

Psychiatrist/Physician's Name: Jenys Allende

Effective 9/30/2014

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IX Change of Patient Status and/or Location

Please complete Section A,B, or C to the fullest extent possible and forward to the appropriate county adjuster.

CURRENT Status (check one)

- | | |
|--|--|
| <input type="checkbox"/> Committed to Outpatient Treatment | <input type="checkbox"/> Conditional Extension Pending Placement |
| <input type="checkbox"/> Committed to Inpatient Treatment | <input type="checkbox"/> Conditional Discharge |
| <input type="checkbox"/> Voluntary | <input type="checkbox"/> Consensual |

Current psychiatric hospital and unit or outpatient provider: _____

A. Change of Patient Status

PROPOSED Status (check one)

- | | |
|--|---|
| <input type="checkbox"/> Committed to Outpatient Treatment | <input type="checkbox"/> Committed to Inpatient Treatment |
|--|---|
- (new screening certificates must be attached if current status is CEPP, Conditional Discharge, Voluntary, or Consensual)
- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Conditional Extension Pending Placement | <input type="checkbox"/> Consensual |
| <input type="checkbox"/> Voluntary | |

Judge who entered order now in effect and its date: Hon. _____, _____ 20____

B. Change of Location (complete this section if the program with responsibility for a patient's care is proposing a transfer to a different location for treatment.)

1. a. The patient's attorney's name: _____
b. Date and manner of notification to patient's attorney of this application: _____, 20____ (e-mail, telephone, certified mail, fax, in person, etc.) _____

If patient is being transferred before an initial hearing, this notice must occur at least 24 hour before the transfer occurs

2. Check all that apply:

- ☐ Patient has insufficient resources to remain in current inpatient unit.
- ☐ Patient needs longer term inpatient treatment than present hospital offers,
- ☐ Patient needs program available at receiving hospital or program and NOT available at current facility or through current program.
- ☐ Patient requests transfer.
- ☐ Patient's family requests transfer.
- ☐ Patient is eligible for outpatient treatment services in a different county: _____ County.
- ☐ Other reason(s)

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Other information regarding patient's legal or hospitalization status: _____

Signature

Name (Print)

Title

_____, 20_____
Date

C. Change from Inpatient to Outpatient Commitment OR from Outpatient to Inpatient Commitment

(Complete either Section 1 OR 2)

1. If requesting a change from outpatient to inpatient commitment, describe:

a. Behaviors that indicate increased risk of danger (attach incident or police reports as available) such that dangerousness due to mental illness is both foreseeable and imminent: _____

b. Treatments attempted or ruled out _____

c. Connection of danger to mental illness _____

d. The consumer

is materially compliant with the treatment plan approved by the court but no medication of the treatment plan has been sufficient to reduce dangerousness

is not materially compliant with the treatment plan approved by the court and a modification of the treatment plan would be insufficient to reduce dangerousness. Explain, including any attempts to modify the plan or the patient's compliance: _____

Treating psychiatrist (sign)

M. Megan Embrescia, MD

Treating psychiatrist (print)

Date/Time

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I concur that the consume requires inpatient treatment at this time _____

Screening psychiatrist (sign)

Treating psychiatrist (print)

Date/Time

2. If requesting change from inpatient to outpatient, describer:

- a. Behaviors that indicate decrease risk of danger (attach treatment notes as appropriate) _____
- b. Treatment available at outpatient treatment program that program has agreed to provide: _____
- c. CEO or a person designated by CEO initiated Conversion on _____, 20 _____
- d. The patient

is still dangerous because of mental illness and unwilling to cooperate with treatment, but the danger is no longer imminent

never presented an imminent danger but a program opening has developed that was not available at the time of the original commitment order.

Treating psychiatrist (sign)

Treating psychiatrist (print)

Date/Time

X. FOR COUNTY ADJUSTER

If only a change in location is recommended, the adjuster is directed to amend the location in the notice of hearing and any appropriate financial records to reflect the change to:

(New Location)

If change of status is requested, the adjuster is directed to submit this request with original commitment papers to the courts and set down for a hearing in compliance with the statutes and court rule.

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foo, Heonjong ACU
8/26/1993 Age: 22 9/23/2015
V0118696202 MC01081509
BN: V0118696202

Type or Print Clearly
STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
Division of Mental Health and Addiction Services
CLINICAL/SCREENING CERTIFICATE FOR INVOLUNTARY COMMITMENT
OF MENTALLY ILL ADULTS

(Pursuant to N.J.S.A. 30:4-27.1, et seq. and N.J. Court Rule 4:74-7)

RECEIVED

SEP 24 2015

If additional space is needed to provide the information requested, additional documents may be attached to this form.

ADJUSTER'S OFFICE
MIDDLESEX COUNTY

I. Definitions and Legal Standards

New Jersey Court Rule 4:74-7(b) states in part that: "...the certificates shall state with particularity the facts upon which the psychiatrist, physician or mental health screener relies in concluding that (1) the patient is mentally ill, (2) that mental illness causes the patient to be dangerous to self or others or property as defined by N.J.S.A. 30:4-27.2h and .2i, (3) the patient is unwilling to accept appropriate treatment voluntarily after it has been offered, (4) the patient needs outpatient treatment or inpatient care at a short term care or psychiatric facility or special psychiatric hospital, and (5) other less restrictive alternative services are not appropriate or available to meet the person's mental health care needs."

Chapter 4 of Title 30 of the New Jersey Statutes states in part that:

1. "Clinical Certificate" is completed by the psychiatrist or other physician who has examined the person who is subject to commitment within three days of presenting the person for involuntary commitment to treatment, and which states that the person is in need of involuntary commitment to treatment. The form shall also state the specific facts upon which the examining physician has based his conclusion and shall be certified in accordance with the Rules of the Court. A clinical certificate may not be executed by a person who is a relative by blood or marriage of the person who is being screened. (N.J.S.A. 30:4-27.2b)
2. "Screening Certificate" means a clinical certificate executed by a psychiatrist or other physician affiliated with a screening service. (N.J.S.A. 30:4-27.2y)
3. "Physician" means a person who is licensed to practice medicine in any of the United States or its territories, or the District of Columbia. (N.J.S.A. 30:4-27.2f)
4. "Psychiatrist" means a physician who has completed the training requirements of the American Board of Psychiatry and Neurology. (N.J.S.A. 30:4-27.2v)
5. "In need of involuntary commitment" or "in need of involuntary commitment to treatment" means that an adult with mental illness, whose mental illness causes the person to be dangerous to self or dangerous to others or property and who is unwilling to accept appropriate treatment voluntarily after it has been offered, needs outpatient treatment or inpatient care at a short-term care or psychiatric facility or special psychiatric hospital because other services are not appropriate or available to meet the person's mental health care needs. (N.J.S.A. 30:4-27.2m)

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6. "Dangerous to self" means that by reason of mental illness the person has threatened or attempted suicide or serious bodily harm, or has behaved in such a manner as to indicate that the person is unable to satisfy his need for nourishment, essential medical care or shelter, so that it is probable that substantial bodily injury, serious physical harm or death will result within the reasonably foreseeable future; however, no person shall be deemed to be unable to satisfy his need for nourishment, essential medical care or shelter if he is able to satisfy such needs with the supervision and assistance of others who are willing and available. This determination shall take into account a person's history, recent behavior and any recent act, threat or serious psychiatric deterioration. (N.J.S.A. 30:4-27.2h)
7. "Dangerous to others or property" means that by reason of mental illness there is a substantial likelihood that the person will inflict serious bodily harm upon another person or cause serious property damage within the reasonably foreseeable future. This determination shall take into account a person's history, recent behavior and any recent act, threat or serious psychiatric deterioration. (N.J.S.A. 30:4-27.2i)
8. "Mental illness" means a current, substantial disturbance of thought, mood, perception or orientation which significantly impairs judgment, capacity to control behavior or capacity to recognize reality but does not include simple alcohol intoxication, transitory reaction to drug ingestion, organic brain syndrome or developmental disability unless it results in the severity of impairment described herein. The term mental illness is not limited to "psychosis" or "active psychosis," but shall include all conditions that result in the severity of impairment described herein. (N.J.S.A. 30:4-27.2r)
9. "Outpatient treatment provider" means a community-based provider, designated as an outpatient treatment provider pursuant to section 8 of P.L.1987, c.116 (C.30:4-27.8), that provides or coordinates the provision of outpatient treatment to persons in need of involuntary commitment to treatment. (N.J.S.A. 30:4-27.2ii)
10. "Plan of outpatient treatment" means a plan for recovery from mental illness approved by a court pursuant to section 17 of P.L.2009, c.112 (C.30:4-27.15a) that is to be carried out in an outpatient setting and is prepared by an outpatient treatment provider for a patient who has a history of responding to treatment. The plan may include medication as a component of the plan; however, medication shall not be involuntarily administered in an outpatient setting. (N.J.S.A. 30:4-27.2jj)
11. "Reasonably foreseeable future" means a time frame that may be beyond the immediate or imminent, but not longer than a time frame as to which reasonably certain judgments about a person's likely behavior can be reached. (N.J.S.A. 30:4-27.2kk)
12. "Any person who is a relative by blood or marriage of the person being screened who executes a clinical certificate, or any person who signs a clinical certificate for any purpose or motive other than for purposes of care treatment, and confinement of a person in need of involuntary commitment to treatment shall be guilty of a crime of the fourth degree." (N.J.S.A. 30:4-27.10e)

The statutes and Court Rule require each certifying psychiatrist or physician to determine whether the patient is in need of involuntary commitment to inpatient treatment or involuntary commitment to outpatient treatment (where available) by considering the screening document (in the case of a screening commitment) and conducting a face-to-face examination of the patient, either in person or, where permitted by the Division, through telepsychiatry.

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II. Certification of Examination and Qualifications

A. I CHRISTOPHER BONA (M.D./D.O. of 252 County Road 801
Belle Mead Somerset MA 71195 MA
City or Town County State Medical License No. (Issuing State)

do hereby certify that I personally examined H. CONNOR YUN

at Careena Clinic on 9/24/15 (Name of patient) 10:30
(location) (date) (time of examination) am to 10:30 am to 10:30 am

- ☐ I am a *psychiatrist* as defined in section I of this document.
☐ I am a *physician* as defined in section I of this document.

B. I am not a relative by blood or marriage of the subject of this certificate and my purpose or motive in executing this certificate is that care and treatment be afforded this individual.

C. If an interpreter assisted in this personal examination, the interpreter's name and title and the patient's primary language are as follows:

N/A
Name Title Language

D. Check and complete one of the following options below. This document is being prepared as a:

1. ☐ Screening Certificate pursuant to N.J.S.A. 30:4-27.5b completed by a psychiatrist affiliated with a screening service (see N.J.S.A. 30:4-27.2y) unless the screening service's contract allows a physician to complete the certificate; (see N.J.S.A. 30:4-27.5b); and

- ☐ I am a *psychiatrist* as defined in section I of this certificate.
☐ I am a *physician* as defined in section I of this certificate who may complete this certificate pursuant to a contract between the screening service and the Division of Mental Health and Addiction Services.

Or

2. ☒ Clinical Certificate pursuant to N.J.S.A. 30:4-27.10a (must be the treatment team psychiatrist of a patient at an inpatient facility or an outpatient treatment provider for whom a screening certificate has also been completed);

or

3. ☐ Clinical Certificate pursuant to N.J.S.A. 30:4-27.10b (regarding an individual who has not been referred by a screening service and whose commitment requires two clinical certificates, at least one of which must be completed by a psychiatrist).

- ☐ I am a *psychiatrist* as defined in section I of this certificate.
☐ I am a *physician* as defined in section I of this certificate.

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III. Telepsychiatry (if Telepsychiatry Not Used, Skip to IV)

___ Telepsychiatry was the means by which the interview with the patient was conducted

Complete each numbered provision below and initial each statement that applies.

1. ___ The consumer was afforded the opportunity to have an in-person interview; or

___ The consumer elected a face-to-face clinical evaluation but the evaluation was performed by telepsychiatry because waiting for a psychiatrist was clinically contraindicated. Briefly explain:

N/A

2. ___ Telepsychiatry was not clinically contraindicated because

3. ___ I am on the staff of the screening service; or ___ I am under contract with a provider of telepsychiatry services.

4. ___ I hold a full, unrestricted medical license in New Jersey.

5. ___ I am capable of performing all the duties that an on-site psychiatrist can perform, including prescribing medication, monitoring restraints and other related interventions that require a physician's orders or oversight.

6. ___ I am available for discussion of the case with facility staff, and/or for interviewing family members and others, as the case may require.

IV. Patient Identification and Information

1. Patient's identifying data:

Social Security No. 5475 Date of Birth: 1993 Marital Status: S

Telephone # 917 387 6319 Driver's License #: _____ State of Issue: _____

Address: 430 NOMINATA STREET

Next of kin (for County Adjuster court hearing notification purposes only): Raymond

Next of kin contact information (address and phone number):

(917) 387 6319

Education (Highest Grade Completed): _____ Employment or Occupation: _____

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2. ~~Psychiatric Advance Directive:~~

- ☒ The patient does not have a Psychiatric Advance Directive (PAD) (go to 3.);
- ☐ It could not be determined after a reasonable inquiry whether the patient has a PAD (go to 3.);
- ☐ The patient claims to have a PAD, but after a reasonable search it has not been found (go to 3.); OR
- ☐ The patient has a PAD which is appended hereto.
- ☐ The PAD names _____ to act as a Mental Health Care Representative.
- ☐ The PAD does not name a Mental Health Care Representative.

3. Patient's presenting conditions:

a. Medical Conditions: Ø

Treating Physician: DR. BOVA Medications: Ø

Source(s) of the information: MR

b. Presenting psychiatric condition, current psychiatric treatment, medication and any recent changes:

made terroristic threats. "death to middle east"
Agitated, delusional

Source(s) of the information: MR

c. Recent stressors: mental illness

Source(s) of the information: MR

d. Substance use (type and treatment):

DENIED

Source(s) of the information: MR

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- e. Prior psychiatric hospitalizations or voluntary outpatient treatment (types and dates, if known):

CARRIER clinic - 2011

Source(s) of the information:

- f. Prior medical and psychiatric diagnoses:

schizophrenia d.i.d

Source(s) of the information:

MR

- g. Prior treatment by an outpatient provider pursuant to a commitment for outpatient treatment, if any; identifying dates of treatment; provider; any barriers to treatment; and significant outcomes:

unknown

Source(s) of the information:

MR

V. Results of Personal Examination

1. Present Mental Status:

- a. Appearance and Attire:

neatly dressed

- b. Attitude and Behavior:

guarded

- c. Affect and Mood:

labile

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d. Association and Thought Processes:

Tangential

e. Thought Content:

Paranoia +
Delusions +

f. Perception:

None Altered

g. Sensorium, Memory and Orientation:

At 0x3

h. Intellectual Functioning:

Average

i. Insight and Judgment:

Poor

2. Description of physical findings (include physical status, vital signs, laboratory data):

medically cleared

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VI. Conclusions

1. Provisional Diagnoses from current Diagnostic and Statistical Manual:

Psychiatric and Substance Use Diagnosis / Diagnoses: _____

schizophrenia 2.0

Other Diagnoses: _____

☒ I certify that the patient will be dangerous to () self (complete item VI.2) and/or () others or property (complete item VI.3) in the foreseeable future because of a mental illness as defined in section I.

2. Dangerous to Self

If you have concluded that this patient is dangerous to self, answer the items in (a), (b), and/or (c) below that are relevant to the patient's condition, giving the sources of information by name and title or relationship to patient, or cite the document. Give details, including history, recent threats, dates and situations surrounding any attempts; i.e. was patient taking medication, under supervision of a community treatment program, in the hospital, was there a precipitating crisis?

a. The patient has threatened or attempted to commit suicide (when and how, if known):

N/A

Source(s) of information: _____

MR

b. The patient has threatened or attempted serious bodily harm to himself / herself as follows:

N/A

Source(s) of information: _____

MR

c. The patient has behaved in the following manner which indicates that he or she is unable to satisfy his/her need for () nourishment () essential medical care () shelter:

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AND

The patient is not able to satisfy the needs listed in (c) above with the supervision and assistance of others who are willing and available.

Source(s) of information: MR

3. Dangerous to Others or Property

If you have concluded that this patient is dangerous to others or property, answer the items below, giving the sources of information by name and title or relationship to patient, or cite the document. State all facts, observations or information upon which you base your conclusion that the patient, if not committed, would be substantially likely to inflict serious bodily harm upon another person or cause serious property damage within the reasonably foreseeable future:

a. History of Dangerous Behavior

Invol - 2011 - telephonic threats w/ gun

Source(s) of information: MR

b. Recent behavior (state date(s) of behavior)

Agitated screaming, needed restraints

Source of information: MR

4. State alternatives to involuntary treatment that were considered and why other services are not appropriate or available to meet the patient's mental health care needs. Be specific. If information contained in the screening document is relied on, please refer to specific item number in that document.

Ø

5. I am aware of the standard for involuntary commitment as defined in section I above. The following checked statements are true:

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- ☒ I personally examined this patient.
- ☒ This patient suffers from a mental illness as defined in section I of this form.
- ☒ This patient, if not committed, would be a danger to self and/or others or property by reason of mental illness in the foreseeable future.
- ☒ This patient is unwilling to be admitted to the required treatment program or facility voluntarily for care.

If you have checked all the boxes in number 5 (or the first three if the patient has consented to admission to a short term care facility), proceed to Disposition in Section VII. If not, refer back to Screener for referral and follow-up.

VII. Disposition

1. If the patient is to receive services in a county that has not yet designated an outpatient commitment program, or if the program exists but has no openings:
 - ☐ The danger s/he presents is imminent.
 - ☐ Although the danger s/he presents is not imminent, this patient is in need of care at a psychiatric inpatient unit because other services are not appropriate or available to meet the person's mental health care needs.
2. If the patient is to receive services in a county that has a functioning outpatient commitment program, choose one of the two options below.
 - ☒ In my professional judgment, the danger is imminent, or outpatient treatment is either not available or would not be sufficient to render the patient unlikely to be dangerous in the reasonably foreseeable future, or the patient does not have a history of responding to treatment, and my recommendation is commitment to the least restrictive available inpatient facility.
 - OR
 - ☐ In my professional judgment, the danger is foreseeable, but not imminent, and my recommendation is commitment to an available outpatient program provided by: _____

The following are essential elements of any treatment plan implemented with this patient by an outpatient treatment provider:

- ☐ medication monitoring @ _____
- ☐ group therapies: _____
- ☐ individual therapy @ _____
- ☐ case management _____
- ☐ residential supervision _____

(Describe intensity of supervision required)

- ☐ other services and programs required to maintain or lessen current level of dangerousness: _____

VIII. Certification

I certify that the foregoing statements made by me are true.

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I further certify that this patient is medically stable and is not in primary need of a medical or nursing home level of care at this time.

I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date 9/24/15

DR. BOONA

Psychiatrist / Physician's Signature

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IX. Change of Patient Status and/or Location

Please complete Section A, B, or C to the fullest extent possible and forward to the appropriate county adjuster.

CURRENT Status (circle one)

Committed to Outpatient Treatment	Conditional Extension Pending Placement
Committed to Inpatient Treatment	Conditional Discharge
Voluntary	Consensual

Current psychiatric hospital and unit or outpatient provider: _____

A. Change of Patient Status

PROPOSED Status (circle one)

Committed to Outpatient Treatment	Committed to Inpatient Treatment
-----------------------------------	----------------------------------

(new screening certificates must be attached if current status is CEPP, Conditional Discharge, voluntary or consensual)

Conditional Extension Pending Placement	Voluntary	Consensual
---	-----------	------------

Judge who entered order now in effect and its date:

Hon. _____, 20__

() Copy of most recent court order must be attached.

B. Change of Location (complete this section if the program with responsibility for a patient's care is proposing a transfer to a different location for treatment.)

- 1.a. The patient's attorney's name: _____
- b. Date and manner of notification to patient's attorney of this application: _____

_____, 20__
(email, telephone, certified mail, fax, personal)

If patient is being transferred before an initial hearing, this notice must occur at least 24 hours before the transfer occurs

2. Check all that apply:

- () Patient has insufficient financial resources to remain in current inpatient unit.
- () Patient needs longer term inpatient treatment than present hospital offers.
- () Patient needs program available at receiving hospital or program and NOT available at current facility or through current program.
- () Patient requests transfer.
- () Patient's family requests transfer.
- () Other reason _____

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Other information regarding patient's legal or hospitalization status:

Signature

Name Printed

Title

Date

C. Change from inpatient to outpatient commitment or from outpatient to inpatient commitment

(Complete either SECTION 1 OR 2)

1. If requesting a change from outpatient to inpatient commitment, describe:

a. behaviors that indicate increased risk of danger (attach incident or police reports as available) such that dangerousness due to mental illness is both foreseeable and imminent:

b. treatments attempted or ruled out

c. connection of danger to mental illness

d. The consumer

() is materially compliant with the treatment plan approved by the court but no modification of the treatment plan has been sufficient to reduce dangerousness.

() is not materially compliant with the treatment plan approved by the court and a modification of the treatment plan would be insufficient to reduce dangerousness.

Explain, including any attempts to modify the plan or the patient's compliance:

Treating Psychiatrist

Printed Name

Date and time

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I concur that the consumer requires inpatient treatment at this time

Screening Psychiatrist

Printed name

Date and time

2. If requesting change from inpatient to outpatient, describe:

- a. behaviors that indicate decreased risk of danger (attach treatment notes as appropriate)

- b. treatment available at outpatient treatment program that program has agreed to provide:

- c. ☐ CEO or a person designated by the CEO initiated Conversion on _____, 20____

- d. The patient

- ☐ is still dangerous because of mental illness and unwilling to cooperate with treatment, but the danger is no longer imminent
☐ never presented an imminent danger but a program opening has developed that was not available at the time of the original commitment order.

Treating Psychiatrist

Printed name

Date and time

X. FOR COUNTY ADJUSTER:

If only a change in location is recommended, the adjuster is directed to amend the location in the notice of hearing and any appropriate financial records to reflect the change to:

(New Location)

If change of status is requested, the adjuster is directed to submit this request with original commitment papers to the courts and set down for a hearing in compliance with the statutes and court rule.